Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form 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).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for: [X] single-employer plan [ ] multiple-employer plan (not multiemployer) [ ] one-participant plan

B This return/report is for: [ ] first return/report [ ] final return/report
[ ] an amended return/report [ ] short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN OF O.W. HUBBELL & SONS, INC.

1b Three-digit plan number (PN) ▶ 063

1c Effective date of plan 01/01/1974

2a Plan sponsor's name and address (employer, if for single-employer plan)
O.W. HUBBELL & SONS, INC.

P.O. BOX 37, 40 GREENMAN AVENUE
NEW YORK MILLS, NY 13417

2b Employer Identification Number (EIN) 16-0955127

2c Plan sponsor's telephone number 315-736-8311

2d Business code (see instructions) 332810

3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
O.W. HUBBELL & SONS, INC. P.O. BOX 37, 40 GREENMAN AVENUE
NEW YORK MILLS, NY 13417

3b Administrator's EIN 16-0955127

3c Administrator's telephone number 315-736-8311

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	71
b Total number of participants at the end of the plan year	**5b**	71
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		**(a) Beginning of Year**	**(b) End of Year**
a Total plan assets	**7a**	1758162	1916981
b Total plan liabilities	**7b**	4371	9341
c Net plan assets (subtract line 7b from line 7a)	**7c**	1753791	1907640
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: **(1)** Employers	**8a(1)**	51701	
(2) Participants	**8a(2)**	0	
(3) Others (including rollovers)	**8a(3)**	0	
b Other income (loss)	**8b**	285649	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	**8c**		337350
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	**8d**	135313	
e Certain deemed and/or corrective distributions (see instructions)	**8e**	0	
f Administrative service providers (salaries, fees, commissions)	**8f**	48188	
g Other expenses	**8g**	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	**8h**		183501
i Net income (loss) (subtract line 8h from line 8c)	**8i**		153849
j Transfers to (from) the plan (see instructions)	**8j**	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G 1I 3H

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		350000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) [X] Yes [ ] No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [ ] Yes [X] No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? [ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? [ ] Yes [X] No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/11/2011	JONATHAN HUBBELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2011	JONATHAN HUBBELL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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
RETIREMENT PLAN OF O.W. HUBBELL & SONS, INC.

B Three-digit plan number (PN) ▶ 063

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
O.W. HUBBELL & SONS, INC.

D Employer Identification Number (EIN)
16-0955127

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2 Assets:

a	Market value	**2a**	1753146
b	Actuarial value	**2b**	1753146

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	38	1319932
b	For terminated vested participants	**3b**	33	664985
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		0
	(3) Total active	**3c(3)**	0	0
d	Total	**3d**	71	1984917

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	6.54 %
6	Target normal cost	**6**	14110

Statement by Enrolled Actuary

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

SIGN HERE

10/11/2011
Signature of actuary — Date

DAVEYNE C. TOTTEN
Type or print name of actuary

11-04894
Most recent enrollment number

ACTUARIAL PENSION ANALYSTS, INC.
Firm name

802-388-3739
Telephone number (including area code)

18 SOUTH GORHAM LANE
MIDDLEBURY, VT 05753
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 [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	9865	53994
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	9865	53994
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 42.01 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of 6.40 %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	88.32 %
15	Adjusted funding target attainment percentage	15	88.32 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	70.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2010	20591	0			
09/14/2010	1809	0			
10/15/2010	11200	0			
05/13/2011	11200	0			
09/08/2011	4777	0			
09/15/2011	2124	0			
			Totals ► 18(b)	51701	18(c)

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

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	48935

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☐ Yes ☒ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 14110

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	152374	34821
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33** 0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 48931

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 48931

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 48935

38 Interest-adjusted excess contributions for current year (see instructions) **38** 156

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40**

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► **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
Retirement Plan Of O.W. Hubbell & Sons, Inc.

B Three-digit plan number (PN) ► 063

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ
O.W. Hubbell & Sons, Inc.

D Employer Identification Number (EIN)
16-0955127

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2	Assets:			
a	Market value		**2a**	1,753,146
b	Actuarial value		**2b**	1,753,146
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	38	1,319,932
b	For terminated vested participants	**3b**	33	664,985
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		0
	(3) Total active	**3c(3)**	0	0
d	Total	**3d**	71	1,984,917
4	If the plan is at-risk, check the box and complete lines a and b [ ]			
a	Funding target disregarding prescribed at-risk assumptions		**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.54
6	Target normal cost		**6**	14,110

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 presribed assumption was applied in accordance with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/11/2011
Date

Daveyne C. Totten
Type or print name of actuary

11-04894
Most recent enrollment number

Actuarial Pension Analysts, Inc.
Firm name

(802) 388-3739
Telephone number (including area code)

18 South Gorham Lane

US Middlebury VT 05753
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 [ ]

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	9,865	53,994
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	9,865	53,994
9 Amount remaining (item 7 minus item 8)		
10 Interest on item 9 using prior year's actual return of 42.01 %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of 6.40 %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	88.32 %
15 Adjusted funding target attainment percentage	15	88.32 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	70.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2010	20,591				
09/14/2010	1,809				
10/15/2010	11,200				
05/13/2011	11,200				
09/08/2011	4,777				
09/15/2011	2,124				
			Totals ► 18(b)	51,701	18(c)

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	48,935

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:	1st segment	2nd segment	3rd segment	☐ N/A, full yield curve used
	4.60 %	6.65 %	6.76 %	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	14,110

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	152,374	34,821
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**	48,931

	Carryover balance	Prefunding Balance	Total balance
35 Balances used to offset funding requirement			

36 Additional cash requirement (item 34 minus item 35)	**36**	48,931
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	**37**	48,935
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	156
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	
40 Unpaid minimum required contribution for all years	**40**	

RETIREMENT PLAN OF O.W. HUBBELL & SONS, INC.
ATTACHMENT TO SCHEDULE SB
EMPLOYER IDENTIFICATION NUMBER 16-0955127
PLAN NUMBER 063
CURRENT PLAN YEAR BEGINNING 01/01/10
AND ENDING 12/31/10

SCHEDULE SB, LINE 32 - SCHEDULE OF AMORTIZATION BASES

TYPE OF BASE	VALUATION DATE ESTABLISHED	AMORTIZATION INSTALLMENT	YEARS REMAINING IN AMORTIZATION PERIOD	PRESENT VALUE OF REMAINING INSTALLMENTS
Shortfall	01/01/10	-47,549	7	-284,509
Shortfall	01/01/09	82,370	6	436,883
TOTALS		34,821		152,374

RETIREMENT PLAN OF O.W. HUBBELL & SONS, INC.
ATTACHMENT TO SCHEDULE SB
EMPLOYER IDENTIFICATION NUMBER 16-0955127
PLAN NUMBER 063
CURRENT PLAN YEAR BEGINNING 01/01/10
AND ENDING 12/31/10

SCHEDULE SB, LINE 25 - CHANGE IN METHOD

The asset valuation method was changed from the averaging method allowed under IRC Section 430(g)3(B) to the fair market value method.

RETIREMENT PLAN OF O.W. HUBBELL & SONS, INC.
ATTACHMENT TO SCHEDULE SB
EMPLOYER IDENTIFICATION NUMBER ... 16-0955127
PLAN NUMBER 063
CURRENT PLAN YEAR BEGINNING 01/01/10
AND ENDING 12/31/10

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Plan Name	Retirement Plan of O.W. Hubbell & Sons, Inc.
Plan Sponsor	O.W. Hubbell & Sons, Inc.
Plan Status	Participation and benefit accruals frozen effective 12/31/1990 No active participants
Effective Date	January 1, 1974
Effective Date of Latest Plan Restatement	January 1, 2007
Plan Year	January 1 through December 31
Eligible Employee Classification	Covered by a collective bargaining agreement under which the plan sponsor has agreed to make contributions to the plan, excluding leased employees and independent contractors
Eligibility Requirements	Minimum age - None Minimum years of eligibility service - 1
Years of Eligibility Service	One year of eligibility service granted for first employment year if at least 1000 hours of service credited, and for each subsequent plan year with at least 1000 hours of service
Entry Date	Date of satisfaction of eligibility requirements Participation closed to new entrants 12/31/1990
Early Retirement Date	First day of any month coincident with or next following age 60 and completion of 10 years of benefit service
Disability Retirement Date	N/A - No disability retirement benefit provided
Normal Retirement Date	First day of the month coincident with or next following age 65
Late Retirement Date	First day of the month coincident with or next following retirement after normal retirement date
Early Retirement Benefit	Accrued benefit at early retirement date, with no reduction for benefit commencement prior to normal retirement date
Disability Retirement Benefit	N/A - No disability retirement benefit provided
Normal Retirement Benefit	Accrued benefit at normal retirement date
Late Retirement Benefit	The accrued benefit at late retirement date, actuarially adjusted if benefit commences on or after required beginning date
Termination of Employment Benefit	Vested accrued benefit
Pre-Retirement Death Benefit	Qualified pre-retirement survivor annuity for married participants No pre-retirement death benefit for unmarried participants
Accrued Benefit	Years of benefit service multiplied by $28 Benefit accruals frozen effective 12/31/1990
Maximum Benefit	Lesser of (a) 100% of highest 3-year average compensation, or (b) the maximum benefit under IRC Section 415
Compensation	N/A - Benefits not compensation-based
Maximum Compensation	N/A - Benefits not compensation-based
Average Compensation	N/A - Benefits not compensation-based

RETIREMENT PLAN OF O.W. HUBBELL & SONS, INC.
ATTACHMENT TO SCHEDULE SB
EMPLOYER IDENTIFICATION NUMBER ... 16-0955127
PLAN NUMBER 063
CURRENT PLAN YEAR BEGINNING 01/01/10
AND ENDING 12/31/10

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS (continued)

Covered Compensation	N/A - Benefits not compensation-based
Years of Benefit Service	One year of benefit service granted for each plan year during which at least 1000 hours of service is credited, plus partial year credit based on the number of hours of service divided by 1000 for plan years during which at least 300, but less than 1000, hours of service are credited; No credit for plan years during which less than 300 hours of service are credited
Years of Vesting Service	One year of vesting service granted for each plan year during which at least 1000 hours of service is credited, plus partial year credit based on the number of hours of service divided by 1000 for plan years during which at least 300, but less than 1000, hours of service are credited; No credit for plan years during which less than 300 hours of service are credited
Vesting Schedule	Less than 5 years of vesting service - 0% 5 or more years of vesting service - 100%
Normal Benefit Payment Form	Life annuity
Optional Benefit Payment Forms	Life annuity, life annuity with 10 years certain, joint & 50%, 75%, or 100% survivor annuity, joint & 50%, 75%, or 100% survivor annuity with 10 years certain
Conversion factors for Optional Benefits	Based on post-retirement actuarial equivalent assumptions
Actuarial Equivalent Assumptions	Pre-Retirement Interest: 7.50% Pre-Retirement Mortality Table: None Post-Retirement Interest: 7.50% Post-Retirement Mortality Table: 1983 GAM
417(e) Benefit Present Value Assumptions	Segment interest rates in effect for the 2nd calendar month preceding the plan year during which distribution is made Mortality Table: Applicable Mortality Table in effect for the plan year during which distribution is made
Summary of Changes in Principal Eligibility/ Benefit Provisions Since Last Valuation Date	N/A
Description of Significant Events that Occurred During the Plan Year	N/A

RETIREMENT PLAN OF O.W. HUBBELL & SONS, INC.
ATTACHMENT TO SCHEDULE SB
EMPLOYER IDENTIFICATION NUMBER ... 16-0955127
PLAN NUMBER 063
CURRENT PLAN YEAR BEGINNING 01/01/10
AND ENDING 12/31/10

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHOD

Actuarial Cost Method

The minimum required contribution consists of two components, the Target Normal Cost and the Shortfall Amortization Payment, both determined on the valuation date. Interest (discount) adjustments are applied to contributions made toward the required contribution, if not made on the first day of the plan year, in order to determine whether minimum funding standards are satisfied.

The Target Normal Cost equals the present value of the benefits expected to accrue during the plan year. If the Actuarial Value of Plan Assets, reduced by the Funding Standard Account Carryover and Prefunding Balances (if any), is greater than the present value of benefits accrued on the valuation date (the Funding Target), the excess is used to offset the Target Normal Cost.

In general, the Shortfall Amortization Charge is a payment amortizing the excess (if any) of the Funding Ttarget over the Actuarial Value of Plan Assets (reduced by Funding Standard Carryover and Prefunding Balances). This excess (if any) is called the Funding Target Shortfall. Each year, a new shortfall amortization base is established equal to the Funding Target Shortfall minus the remaining balances of existing shorfall amortization bases for prior years. The remaining balance of an existing shortfall amortization base is the present value of the remaining amortization payments for the base determined using the IRC Section 430 Segment Interest Rates on the valuation date. The new shortfall amortization base is amortized over a period of 7 years using the IRC Section 430 Segment Interest Rates on the valuation date. The Shortfall Amortization Charge for the year is equal to the sum of the shortfall amortization payments for all bases. If there is no Funding Target Shortfall for the plan year, a new shortfall amortization base is not established and all existing shortfall amortization bases and payments for prior years are reset to zero.

A special rule provides that if (a) the value of plan assets reduced by the prefunding balance if any part of the prefunding balance is applied to offset the minimum required contribution for the plan year, is equal to or greater than (b) the funding target, the plan is exempt from the requirement to establish a new shortfall amortization base for the year. A transition rule provides that, for purposes of determining whether the plan is exempt from establishing a new shortfall amortization base, and for purposes of determining the amount of the new shortfall amortization base (if required), only the applicable percentage of the funding target is taken into account. The applicable percentage is 92% for plan years beginning in 2008, 94% for plan years beginning in 2009, and 96% for plan years beginning in 2010. This transition rule is not available to plans that did not exist prior to 2008, or to plans that were subject to the additional funding charge under IRC Section 412(l) (as it existed prior to PPA) for the plan year beginning in 2007.

Asset Valuation Method

The Actuarial Value of Assets is the net fair market value of assets on the valuation date, including receivable contributions made during the current plan year for the prior plan year, discounted with interest from the date paid to the valuation date using the effective interest rate for the prior plan year.

Actuarial Assumptions

IRC Section 430 Segment 1 Interest Rate	4.60%	(used to value benefits payable within 5 years of the valuation date)
IRC Section 430 Segment 2 Interest Rate	6.65%	(used to value benefits payable within the next 15 years)
IRC Section 430 Segment 3 Interest Rate	6.76%	(used to value benefits payable thereafter)
Effective Interest Rate	6.54%	(used to discount contributions back to the valuation date)
Quarterly Contribution Additional Interest Rate	5.00%	(used for additional discounting on late quarterly contributions)
Pre-Retirement Mortality Table	2010 IRC section 430 static optional combined, with the cost to provide the pre-retirement death benefit added back	
Pre-Retirement Death Benefit Eligibility	80% of participants assumed married, with spouse same age	
Annual Salary Increases	N/A	
Pre-Retirement Turnover/Withdrawal	None	
Annual SS Taxable Wage Base Increases	N/A	
Disability/Early Retirement Rates	100% of those participants eligible to commence benefits on early retirement date assumed to retire on early retirement date	

RETIREMENT PLAN OF O.W. HUBBELL & SONS, INC.
ATTACHMENT TO SCHEDULE SB
EMPLOYER IDENTIFICATION NUMBER ... 16-0955127
PLAN NUMBER 063
CURRENT PLAN YEAR BEGINNING 01/01/10
AND ENDING 12/31/10

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHOD (continued)

Actuarial Assumptions (continued)

Retirement Age	Age on the earlier of (a) normal retirement date, or (b) early retirement date, if eligible to commence benefits at early retirement date
Benefit Payment Form	Life Annuity
Benefit Payment Timing	All benefits paid at assumed retirement age
Post-Retirement Mortality Table	2010 IRC section 430 static optional combined
Post-Retirement Cost of Living Adjustment	None

RETIREMENT PLAN OF O.W. HUBBELL & SONS, INC.
ATTACHMENT TO SCHEDULE SB
EMPLOYER IDENTIFICATION NUMBER 16-0955127
PLAN NUMBER 063
CURRENT PLAN YEAR BEGINNING 01/01/10
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SCHEDULE SB, LINE 22 - WEIGHTED AVERAGE RETIREMENT AGE

If the participant is eligible to receive early retirement benefits, the assumed retirement age for that participant is the earliest date he/she could begin receiving early retirement benefits. If the particpant is not eligible to receive early retirement benefits, the assumed retirement age is the participant's age on normal retirement date. The weighted average retirement age shown on Schedule SB represents the sum of the assumed retirement ages for all participants not in pay status divided by the number of all participants not in pay status.
NOTE: There are no active participants - The weighted average retirement age has been determined based on all participants not in pay status.

RETIREMENT PLAN OF O.W. HUBBELL & SONS, INC.
ATTACHMENT TO SCHEDULE SB
EMPLOYER IDENTIFICATION NUMBER 16-0955127
PLAN NUMBER 063
CURRENT PLAN YEAR BEGINNING 01/01/10
AND ENDING 12/31/10

SCHEDULE SB, LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

LINE 19c - CONTRIBUTIONS MADE TOWARD MINIMUM REQUIRED CONTRIBUTION FOR CURRENT PLAN YEAR

CONTRIB DEPOSIT DATE	CONTRIB AMOUNT	DISCOUNTED CONTRIB	TIMELY PORTION	EFFECTIVE RATE	LATE PORTION	QUARTERLY DUE DATE	INCREASED EFFECTIVE RATE **
04/14/10	20,591.00	20,226.17	20,591.00	6.54%	0.00	N/A	11.54%
09/14/10	1,809.00	1,719.95	380.00	6.54%	1,429.00	07/15/10	11.54%
10/15/10	11,200.00	10,655.77	11,200.00	6.54%	0.00	N/A	11.54%
05/13/11	11,200.00	10,133.43	760.00	6.54%	10,440.00	01/15/11	11.54%
09/08/11	4,777.00	4,293.37	4,777.00	6.54%	0.00	N/A	11.54%
09/15/11	2,124.00	1,906.65	2,124.00	6.54%	0.00	N/A	11.54%
TOTALS	51,701.00	48,935.32					

** Increased effective rate used for discounting late portion between contribution deposit date and quarterly due date
(Regular effective rate is used for discounting late portion between the quarterly due date and the valuation date)