#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2010

	, , , , , , , , , , , , , , , , , , , ,				Inis Form is Open to Pu Inspection	IDIIC
Part I		tification Information				
For cale	ndar plan year 2010 or fiscal p	plan year beginning 01/01/2010		and ending 12/31/2	2010	
A This	return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or		
		X a single-employer plan;	a DFE (s	specify)		
<b>B</b> This	return/report is:	the first return/report;	the final	return/report;		
		an amended return/report;	a short p	olan year return/report (less t	han 12 months).	
C If the	plan is a collectively-bargaine	ed plan, check here				
	k box if filing under:	Form 5558:		c extension;	the DFVC program;	
2 0,,00	K BOX II IIIIII g dildor.	special extension (enter des		•		
Part	II Rasic Plan Inform	nation—enter all requested informa				
	ne of plan	Tation—enter all requested informa	ation		<b>1b</b> Three-digit plan	007
		SAVINGS PLAN FOR SALARIED AS	SOCIATES		number (PN) ▶	007
					1c Effective date of pl	an
					07/01/1992	
	sponsor's name and address ress should include room or s	s (employer, if for a single-employer	plan)		2b Employer Identifica Number (EIN)	ition
`	HNOLOGIES, INCORPORAT	,			13-3064555	
OK ILO	THOLOGIES, INCORT CIVAT				<b>2c</b> Sponsor's telephor	ne
					number	
4 TESSE	ENEER DRIVE	4 TESSEN	NEER DRIVE		859-572-8000	
	ND HEIGHTS, KY 41076-975		D HEIGHTS, KY 41	076-9753	2d Business code (see instructions)	Э
					332610	
0	A		-4			
	•	complete filing of this return/repor				dulaa
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	Filed with authorized/valid ele	ectronic signature.	10/13/2011	BETH CURTIS		
HERE	Cinnatura of ulan adminis		Dete	Faton a case of individual o		
	Signature of plan adminis	trator	Date	Enter name of individual s	igning as plan administrator	
SIGN						
HERE						
	Signature of employer/pla	n sponsor	Date	Enter name of individual s	igning as employer or plan sp	onsor
SIGN						
HERE						

Signature of DFE Date Enter name
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "Sar NERAL CABLE INDUSTRIES, INC.	ne")		ministrator's EIN 1009714	
	4 TESSENEER DRIVE HIGHLAND HEIGHTS, KY 41076-9753			3c Administrator's telephone number 859-572-8000	
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	and	4b EIN	
а	Sponsor's name			4c PN	
5	Total number of participants at the beginning of the plan year		5	1407	
6	Number of participants as of the end of the plan year (welfare plans complet	e only lines <b>6a, 6b, 6c,</b> and <b>6d</b> ).			
			_		
а	Active participants		6a	1024	
b	Retired or separated participants receiving benefits		6b	8	
_	Other retired as a constant and in the continue of the continu		6c	440	
C	Other retired or separated participants entitled to future benefits		. 00	440	
d	Subtotal. Add lines 6a, 6b, and 6c		6d	1472	
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	6e	4	
			2,	4.470	
t	Total. Add lines <b>6d</b> and <b>6e</b>		6f	1476	
g	Number of participants with account balances as of the end of the plan year complete this item)		. 6g	1454	
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h	68	
7	Enter the total number of employers obligated to contribute to the plan (only		7		
	If the plan provides pension benefits, enter the applicable pension feature of 2E 2F 2G 2J 2K 2S 2T 3H  If the plan provides welfare benefits, enter the applicable welfare feature code				
9a	Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that	at apply)		
	(1) Insurance (1) Insurance (2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor (4) General assets of the sponsor				
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, where indicated, enter the numl	oer attac	hed. (See instructions)	

# SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Service Provider Information**

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

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

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
A Name of plan GENERAL CABLE RETIREMENT & SAVINGS PLAN FOR SALARIED ASSOCIATES	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
GK TECHNOLOGIES, INCORPORATED	13-3064555
Part I Service Provider Information (see instructions)	
You must complete this Part, in accordance with the instructions, to report the information or more in total compensation (i.e., money or anything else of monetary value) in connection plan during the plan year. If a person received <b>only</b> eligible indirect compensation for which answer line 1 but are not required to include that person when completing the remainder of	on with services rendered to the plan or the person's position with the ch the plan received the required disclosures, you are required to
1 Information on Persons Receiving Only Eligible Indirect Compensa	tion
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of	
indirect compensation for which the plan received the required disclosures (see instruction	s for definitions and conditions) Yes No
<b>b</b> If you answered line 1a "Yes," enter the name and EIN or address of each person providir received only eligible indirect compensation. Complete as many entries as needed (see in	·
(b) Enter name and EIN or address of person who provided you d	isclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you d	lisclosure on eligible indirect compensation
(a) Enter hand and Ent of dualities of potent who provided you o	isologate an engiste maneet eemperiediten
(b) Enter name and EIN or address of person who provided you di	isclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you di	isclosures on eligible indirect compensation

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	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
1	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	irect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	irect compensation

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	3

d "yes" to line 1a above	e, complete as many e	entries as needed to list ea	ch person receiving, directly or	indirectly, \$5,000 or more in to	otal compensation
		a) Enter name and EIN or	address (see instructions)		
INVESTMENTS INSTI	<u> </u>	<u>.,</u>			
		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h)  Did the service provider give you a formula instead of an amount or estimated amount?
RECORDKEEPER	17438	Yes No X	Yes No		Yes No
1		a) Enter name and EIN or	address (see instructions)	ı	
		(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)  Yes No	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?  Yes No	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?  Yes No
1	(	a) Enter name and EIN or	address (see instructions)	I	
(c) Relationship to employer, employee	(d) Enter direct	(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service provider give you a
organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)  Yes No	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?  Yes No
l	(c) Relationship to employer, employer, employer, employer organization, or person known to be a party-in-interest  (c) Relationship to employee organization, or person known to be a party-in-interest  (c) Relationship to employer, employer organization, or person known to be a party-in-interest	(c) Relationship to employer, employee organization, or person known to be a party-in-interest  (c) Relationship to employer, employee organization, or person known to be a party-in-interest  (c) Relationship to employer, employee organization, or person known to be a party-in-interest  (c) Relationship to employer, employee organization, or person known to be a party-in-interest  (d) Enter direct compensation paid by the plan. If none, enter -0	Co   Relationship to employer, employee organization, or person known to be a party-in-interest   Compensation paid by the plan. If none, person known to be a party-in-interest   Compensation paid by the plan. If none, enter -0.   Compensation? (sources other than plan or plan sponsor)	Yes' to line 1a above, complete as many entries as needed to list each person receiving, directly or ey or anything else of value) in connection with services rendered to the plan or their position with the	C   Relationship to employee compensation provider income a party-in-interest   C   Enter direct compensation of the plan. If none, enter -0.

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

other than plan or plan

sponsor)

Yes No

plan received the required

disclosures?

Yes No

person known to be

a party-in-interest

enter -0-.

eligible indirect

compensation for which you answered "Yes" to element

(f). If none, enter -0-.

an amount or

estimated amount?

Yes No

Part I Service Provider Information (continued)		
3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compen or provides contract administrator, consulting, custodial, investment advisory, investment may questions for (a) each source from whom the service provider received \$1,000 or more in increase provider gave you a formula used to determine the indirect compensation instead of an amomany entries as needed to report the required information for each source.	anagement, broker, or recordkeepindirect compensation and (b) each so	g services, answer the following burce for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.

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Pa	art II Service Providers Who Fail or Refuse to Provide Information					
4	this Schedule.	vide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete 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			

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Part III		Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)				
а	Name:	·	<b>b</b> EIN:			
С	Positio	n:				
d	Addres	s:	e Telephone:			
Ex	planatior					
a	Name:		<b>b</b> EIN:			
C	Positio	n:	D LIN.			
d	Addres		e Telephone:			
-	7.00.00	-	Total state of the			
Ex	planatior					
_^	,					
а	Name:		b EIN:			
С	Positio	n:				
d	Addres		e Telephone:			
			·			
Ex	planatior	:				
а	Name:		<b>b</b> EIN;			
С	Positio	n:				
d	Addres	s:	<b>e</b> Telephone:			
Ex	planatior	:				
			1.			
<u>a</u>	Name:		<b>b</b> EIN;			
<u>c</u>	Positio					
d	Addres	S:	e Telephone:			
	nlonatic:					
ΕX	planatior					

## **SCHEDULE D** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## **DFE/Participating Plan Information**

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fisc	al plan year beginning	01/01/2010 a	and ending 12/31/2010
A Name of plan GENERAL CABLE RETIREMENT &	SAVINGS PLAN FOR S	SALARIED ASSOCIATES	B Three-digit plan number (PN) 007
	·		<b>B</b>
C Plan or DFE sponsor's name as GK TECHNOLOGIES. INCORPOR		m 5500	D Employer Identification Number (EIN)
GK TECHNOLOGIES, INCORPORA	ATED		13-3064555
Part I Information on in	toracte in MTIAe CO	CTs, PSAs, and 103-12 IEs (to be c	ompleted by plans and DEEs)
		d to report all interests in DFEs)	ompleted by plans and DFES
a Name of MTIA, CCT, PSA, or 1	•	. ,	
<b>b</b> Name of sponsor of entity listed	CK TECHNO	LOGIES, INCORPORATED	
<b>C</b> EIN-PN 13-3064555-020	<b>d</b> Entity M	Dollar value of interest in MTIA, CC 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 1	03-12 IE:		
<b>b</b> Name of sponsor of entity listed	in (a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CC 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 1	03-12 IE:		
<b>b</b> Name of sponsor of entity listed	in (a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CC 103-12 IE at end of year (see instructions).	
a Name of MTIA, CCT, PSA, or 1	03-12 IE:		
<b>b</b> Name of sponsor of entity listed	in (a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CC 103-12 IE at end of year (see instruction).	
a Name of MTIA, CCT, PSA, or 1	03-12 IE:		
<b>b</b> Name of sponsor of entity listed	in (a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CC 103-12 IE at end of year (see instructions).	
a Name of MTIA, CCT, PSA, or 1	03-12 IE:		
<b>b</b> Name of sponsor of entity listed	in (a):		
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CC 103-12 IE at end of year (see instruction).	
a Name of MTIA, CCT, PSA, or 1	03-12 IE:		
<b>b</b> Name of sponsor of entity listed	in (a):		
C EIN-PN	<b>d</b> Entity	e Dollar value of interest in MTIA, CC	T, PSA, or

103-12 IE at end of year (see instructions)

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

שמפע	

Part II Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
a Plan name	
<b>b</b> Name of plan sponsor	C EIN-PN
a Plan name	
<b>b</b> Name of plan sponsor	C EIN-PN
a Plan name	
<b>b</b> Name of plan sponsor	C EIN-PN
a Plan name	
<b>b</b> Name of plan sponsor	C EIN-PN
a Plan name	
<b>b</b> Name of plan sponsor	C EIN-PN
a Plan name	
<b>b</b> Name of plan sponsor	C EIN-PN
a Plan name	
<b>b</b> Name of plan sponsor	C EIN-PN
a Plan name	
<b>b</b> Name of plan sponsor	C EIN-PN
a Plan name	
<b>b</b> Name of plan sponsor	C EIN-PN
a Plan name	
<b>b</b> Name of plan sponsor	C EIN-PN
a Plan name	
<b>b</b> Name of plan sponsor	C EIN-PN
a Plan name	
<b>b</b> Name of plan sponsor	C EIN-PN

### SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

A Name of plan

For calendar plan year 2010 or fiscal plan year beginning

#### **Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

and ending

В

12/31/2010

3430182

127144756

01/01/2010

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

A Name of plan GENERAL CABLE RETIREMENT & SAVINGS PLAN FOR SALARIED ASSOCIAT	B	Three-digit plan number (Pl	N) <b>•</b>	007	
C Plan sponsor's name as shown on line 2a of Form 5500 GK TECHNOLOGIES, INCORPORATED		D	Employer Identifi 13-3064555	cation Number (I	ΞIN)
Part I Asset and Liability Statement  1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of m lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance benefit at a future date. Round off amounts to the nearest dollar. MTIAs, Committee the value of the plant of	nore than one be contract wh	plan on a line	e-by-line basis unles es, during this plan y	ss the value is re year, to pay a spe	portable on ecific dollar
and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. Se			nning of Year		of Year
a Total noninterest-bearing cash	1b(1) 1b(2) 1b(3)				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 1c(2)				
(A) Preferred	1c(3)(A) 1c(3)(B)				
(A) Preferred	1c(4)(A)				

1c(4)(B)

1c(5)

1c(6)

1c(7)

1c(8)

1c(9)

1c(10)

1c(11)

1c(12)

1c(13)

1c(14)

1c(15)

(B) Common .....

(5) Partnership/joint venture interests .....

(6) Real estate (other than employer real property) ......

(7) Loans (other than to participants) ......

(8) Participant loans .....

(9) Value of interest in common/collective trusts.....

(10) Value of interest in pooled separate accounts......

(11) Value of interest in master trust investment accounts .....

(12) Value of interest in 103-12 investment entities ...... (13) Value of interest in registered investment companies (e.g., mutual

(15) Other .....

contracts).....

funds)..... (14) Value of funds held in insurance company general account (unallocated 3623029

144867792

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	130574938	148490821
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets		<del>-</del>	
I	Net assets (subtract line 1k from line 1f)	11	130574938	148490821

#### Part II Income and Expense Statement

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

	Income		(a) Amount	<b>(b)</b> Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4428297	
	(B) Participants	2a(1)(B)	6137368	
	(C) Others (including rollovers)	2a(1)(C)	640577	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		11206242
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	190236	
	<b>(F)</b> Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		190236
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

_		
Pad	0	
ıay		•

	_		(a) Amount	(b) Total
2b (	5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(	6) Net investment gain (loss) from common/collective trusts	2b(6)		
(	7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		16233033
(	9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(1	Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
C	Other income	2c		
<b>d</b> T	Total income. Add all <b>income</b> amounts in column (b) and enter total	2d		27629511
	Expenses			
<b>e</b> E	Benefit payment and payments to provide benefits:			
(	1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9727292	
(	2) To insurance carriers for the provision of benefits	2e(2)		
(	3) Other	2e(3)		
(	4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9727292
f	Corrective distributions (see instructions)	2f		
	Certain deemed distributions of participant loans (see instructions)	2g		8992
h H	nterest expense	2h		
	Administrative expenses: (1) Professional fees	2i(1)		
	2) Contract administrator fees	2i(2)		
•	3) Investment advisory and management fees	2i(3)		
•	4) Other	2i(4)	19063	
•	5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19063
. '	Fotal expenses. Add all <b>expense</b> amounts in column (b) and enter total	2j		9755347
, ,	Net Income and Reconciliation	,		
k N	Net income (loss). Subtract line 2j from line 2d	2k		17874164
	Fransfers of assets:			
		21(1)		
•	1) To this plan	21(2)		34465
(,	2) From this plan	ZI(Z)		
Part	t III Accountant's Opinion			
	omplete lines 3a through 3c if the opinion of an independent qualified public actached.	countant is a	ttached to this Form 5500. Compl	ete line 3d if an opinion is not
a Th	ne attached opinion of an independent qualified public accountant for this plan	is (see instru	ctions):	
	(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
<b>b</b> Di	d the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-	8 and/or 103-	12(d)?	Yes X No
<b>C</b> Er	nter the name and EIN of the accountant (or accounting firm) below:			
	(1) Name: DELOITTE & TOUCHE LLP		(2) EIN: 13-3891517	
<b>d</b> Tr	ne opinion of an independent qualified public accountant is <b>not attached</b> becau			

Page	4-	1	
raue	₩-		

Pa	rt IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or 5		
	During	g the plan year:		Yes	No	An	nount
а	period	here a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	Were close secur	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is			X		
С	Were	any leases to which the plan was a party in default or classified during the year as	4b		X		
d	Were report	there any nonexempt transactions with any party-in-interest? (Do not include transactions and on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is sed.)	4c 4d		X		
_		,		X			20000000
e f	Did th	his plan covered by a fidelity bond?e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4e		X		20000000
g	Did th	e plan hold any assets whose current value was neither readily determinable on an	4f		X		
h	Did th	lished market nor set by an independent third party appraiser?e plan receive any noncash contributions whose value was neither readily	4g		^		
i		minable on an established market nor set by an independent third party appraiser?  the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked,	4h		X		
j	and s	ee instructions for format requirements.)	4i	Х			
,	value	of plan assets? (Attach schedule of transactions if "Yes" is checked, and instructions for format requirements.)	4j		X		
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
ı	Has tl	ne plan failed to provide any benefit when due under the plan?	41		X		
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		X		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X		
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? enter the amount of any plan assets that reverted to the employer this year	Yes	i No	Amoun	t:	
5b		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, ident	ify the pla	ın(s) to whi	ch assets or lia	abilities were
	5b(1)	Name of plan(s)			<b>5b(2)</b> EIN(	s)	<b>5b(3)</b> PN(s)
GEN	ERAL (	CABLE SAVINGS PLAN		13-3064	1555		009

### SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### **Retirement Plan Information**

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and 6	ending	12/31/2	2010			
	Name of plan IERAL CABLE RETIREMENT & SAVINGS PLAN FOR SALARIED ASSOCIATES	В	Three-digit plan numb (PN)	er •	00	)7	
	Plan sponsor's name as shown on line 2a of Form 5500 TECHNOLOGIES, INCORPORATED	D	Employer Id	dentifica	ation Numbe	r (EIN)	
OK I	ECHNOLOGIES, INCOMPONATED		13-30645	555			
Da	art I Distributions						
	art I Distributions 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						0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries dur payors who paid the greatest dollar amounts of benefits):			re than	two, enter E	INs of	the two
	EIN(s): 04-6568107						
•	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			1			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year.	•	3				
D	art II Funding Information (If the plan is not subject to the minimum funding requirements of			f the In	tornal Payon	uo Co	do or
Г	ERISA section 302, skip this Part)	oi secti	1011 01 4 12 0	ı uıe iii	lemai Keven	ue Co	ie oi
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes	No	)	N/A
	If the plan is a defined benefit plan, go to line 8.				<del>_</del>		_
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: Mon	nth	D	av	Ye	ar	
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re	maind	er of this s	chedul	e.		
6	a Enter the minimum required contribution for this plan year		6a				
	<b>b</b> Enter the amount contributed by the employer to the plan for this plan year		6b				
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c				
	If you completed line 6c, skip lines 8 and 9.						
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?			Yes	_ No	)	N/A
8		viding agree	···· <u> </u>	Yes	No		N/A N/A
8	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree					
8	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree					
8 Pa	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree	Decr	Yes			
8 Pa	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree	Decr	Yes	☐ No		
8 Pa	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree	Decr	Yes ease	Both		
Pa	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree	Decr	Yes ease al Reve	Both	)	N/A No
8 Pa 9	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree	Decr of the International Co-back" loar	Yes  ease al Reve	Both onue Code,	Yes	No No

Page <b>2</b> ·
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Schedule R (Form 5500) 2010

Par	t V	Additional Information for Multiemployer Defined Benefit Pension Plans								
13	Ente	or the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in								
		ars). 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								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)								
		(1) Contribution rate (in dollars and cents)								
	а	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								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	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								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 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								
,	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 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								
	<u>a</u> 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								
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 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								
	a 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								
	е	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year  Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								

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14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:							
	a The current year	14a						
	<b>b</b> The plan year immediately preceding the current plan year	14b						
	C The second preceding plan year	14c						
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to makemployer contribution during the current plan year to:	ke an						
	a The corresponding number for the plan year immediately preceding the current plan year	15a						
	<b>b</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>b</b> If item 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, ch supplemental information to be included as an attachment.							
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benefi	t Pens	ion Plans					
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole of and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instruction to be included as an attachment	struction	s regarding supplemental					
19	If the total number of participants is 1,000 or more, complete items (a) through (c)							
	Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:  B Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 0-3 eyears 6-9 years 9-12 years 12-15 years 15-18 years 18-2  What duration measure was used to calculate item 19(b)?							
	Effective duration Macaulay duration Modified duration Other (specify):							

# General Cable Retirement and Savings Plan for Salaried Associates

Financial Statements as of and for the Years Ended December 31, 2010 and 2009, Supplemental Schedule as of December 31, 2010, and Independent Auditors' Report

### GENERAL CABLE RETIREMENT AND SAVINGS PLAN FOR SALARIED ASSOCIATES

#### TABLE OF CONTENTS

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FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009:	
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Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4–13
SUPPLEMENTAL SCHEDULE AS OF DECEMBER 31, 2010 —	14
Form 5500, Schedule H, Part IV, Line 4i — Schedule of Assets (Held at End of Year)	15
NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



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#### INDEPENDENT AUDITORS' REPORT

To the Audit Committee of the Board of Directors of General Cable Corporation, to the Retirement Plans Finance Committee and the Retirement Plans Administrative Committee (the "Retirement Committees") and to the Participants of the General Cable Retirement and Savings Plan for Salaried Associates:

We have audited the accompanying statements of net assets available for benefits of the General Cable Retirement and Savings Plan for Salaried Associates (the "Plan") as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing 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 over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2010 and 2009, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2010 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management. Such supplemental schedule has been subjected to the auditing procedures applied in our audits of the basic financial statements and, in our opinion, are fairly stated in all material respects when considered in relation to the basic financial statements taken as a whole.

June 27, 2011

Delvitte + Touche LLP

# GENERAL CABLE RETIREMENT AND SAVINGS PLAN FOR SALARIED ASSOCIATES

# STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS: Participant-directed investment in General Cable Master Trust — at fair value	\$144,867,792	\$127,144,756
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	144,867,792	127,144,756
Notes receivable from participants	3,806,965	3,623,025
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(1,111,692)	(244,339)
NET ASSETS AVAILABLE FOR BENEFITS	\$147,563,065	\$130,523,442

See notes to financial statements.

# GENERAL CABLE RETIREMENT AND SAVINGS PLAN FOR SALARIED ASSOCIATES

# STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS: CONTRIBUTIONS: Employee Employer Rollover	\$ 6,137,368 4,428,297 640,577	\$ 6,382,331 4,411,504 657,174
Total contributions	11,206,242	11,451,009
Net investment gain from General Cable Master Trust	15,365,680	26,402,885
Interest income on notes receivable from participants	202,608	223,798
Total additions	26,774,530	38,077,692
DEDUCTIONS: Benefits paid to participants Administrative expenses	(9,757,563) (19,063)	(9,774,508) (16,126)
Total deductions	(9,776,626)	(9,790,634)
TRANSFER FROM OTHER PLAN — Net	41,719	179,314
NET INCREASE	17,039,623	28,466,372
NET ASSETS AVAILABLE FOR BENEFITS: Beginning of year	130,523,442	102,057,070
End of year	\$147,563,065	\$130,523,442

See notes to financial statements.

#### GENERAL CABLE RETIREMENT AND SAVINGS PLAN FOR SALARIED ASSOCIATES

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

#### 1. DESCRIPTION OF THE PLAN

The following description of the General Cable Retirement and Savings Plan for Salaried Associates (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General — The Plan is a defined contribution plan of General Cable Corporation (the "Company") covering substantially all U.S. salaried employees of the Company or an affiliated company. GK Technologies, Inc., a wholly owned subsidiary of the Company, is the Plan Sponsor. The Company and affiliated companies are participating employers. The Retirement Committees, appointed by the Board of Directors of the Company, control and manage the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Fidelity Management Trust Co. ("FMTC") serves as the trustee and recordkeeper of the Plan. The General Cable Master Trust ("Master Trust") has been established pursuant to a trust agreement between the Plan Sponsor and FMTC, as trustee of the Master Trust, in order to permit the commingling of trust assets of multiple employee benefit plans for investment and administrative purposes. The assets of the Master Trust are held by FMTC.

The Company acquired Gepco International, Inc. and Isotec, Inc. (collectively "Gepco") on August 1, 2009. Effective immediately upon acquisition, Gepco employees became eligible to participate in the Plan and began making active contributions. In October 2009, participants were allowed to transfer existing loan balances from the former Gepco International, Inc. 401(k) Profit Sharing Plan or the Isotec, Inc. 401(k) Profit Sharing Plan (the "former plans") into the Plan. Assets of participant accounts remain in the former plans. Application for Internal Revenue Service ("IRS") determination to terminate the former plans was made in April 2010. IRS approval was received for the former plans. The Company is in the process of distributing all assets from these former plans. Participants in the former plans may elect to roll their assets into this Plan.

Contributions — Participants may contribute up to a certain percentage of their pre-tax annual compensation, as defined in the Plan, subject to certain Internal Revenue Code ("IRC") limitations. Effective December 1, 2009, participants may also make contributions on an after-tax basis ("Roth 401(k)"), subject to the same IRC limits when combined with their pre-tax contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans ("Rollover"). The Company, at its discretion, may match a percentage of the participants' pre-tax and/or Roth 401(k) contributions. The Plan provides for the Company to make a discretionary contribution to the Plan's employee retirement account for participants who have completed one year of service. Employer contributions were net of forfeitures of \$249,976 and \$233,719 for the years ended December 31, 2010 and 2009, respectively.

**Participant Accounts** — Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's discretionary matching contribution, the Company's discretionary retirement contribution and Plan earnings. Each

participant's account is charged with withdrawals and an allocation of Plan losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

**Investments** — Participants direct the investments of their accounts into various investment options offered by the Plan. The Plan currently offers various mutual funds, a common/collective trust fund and a Company common stock fund as investment options for participants.

**Vesting** — Participants are vested immediately in their contributions plus actual earnings thereon. The vesting of the Company's discretionary retirement contribution portion of their account is based on years of continuous service. For participants who were hired on or after July 1, 2000, a participant is 100% vested after seven years of credited service or immediately upon attainment of age 65, age 55 with five years of service or death or retirement due to disability. Retirement contributions made on or after January 1, 2007, are 100% vested after six years of credited service or immediately upon attainment of age 65, age 55 with five years of service or death or retirement due to disability.

The vesting of the Company's discretionary matching contribution portion of their account is based on years of continuous service. For participants who were hired on or after July 1, 2000, a participant is 100% vested after four years of credited service or immediately upon attainment of age 65, age 55 with five years of service or death or retirement due to disability.

**Notes Receivable from Participants** — Participants may borrow from their fund accounts up to a maximum of \$50,000 or 50% of their vested account balances, whichever is less. The loans are secured by the balance in the participant's account and bear interest at a rate equal to the prime rate plus 1%, as determined by the Retirement Committees. Principal and interest are paid ratably through payroll deductions. Loans to participants are reported as Notes Receivable from participants at the unpaid principal balance plus any accrued but unpaid interest.

**In-Service Withdrawals** — Prior to termination of employment, participants may make hardship withdrawals or withdrawals upon attainment of age 59 1/2, in accordance with the Plan Document.

**Payment of Benefits** — Upon retirement or other termination of employment, a participant's vested account balance less any amount necessary to repay participant loans may be distributed to the participant, or in the case of death, to a designated beneficiary, in a lump-sum distribution.

**Forfeited Accounts** — As of December 31, 2010 and 2009, forfeited nonvested accounts totaled \$21,318 and \$30,467, respectively. Forfeitures are used to reduce future Company contributions to the Plan.

#### 2. SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

**Use of Estimates** — The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Risks and Uncertainties** — The Plan utilizes various investment instruments within the Master Trust including mutual funds, a common/collective trust fund, and Company common stock. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market

volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value. If available, quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. The General Cable Stock Fund ("Company Stock Fund") is comprised of shares of Company common stock and cash and is valued at fair value based on the fair value of the underlying investment in the Company common stock, using quoted market prices, and the cash portion. The Stable Value Fund is stated at fair value, as determined by the issuer based on fair value of the underlying investments, and then adjusted to contract value as described below. Fair value of the Stable Value Fund is the net asset value of its underlying investments, and contract value is principal plus accrued interest. Fair value of the contracts underlying the Stable Value Fund is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. In accordance with GAAP, the Stable Value Fund is included at fair value in participant-directed investment in General Cable Master Trust in the statements of net assets available for benefits, and an additional line item is presented representing the adjustment from fair value to contract value. The statements of changes in net assets available for benefits are presented on a contract value basis.

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

Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected in the investment return for such investments.

Valuation of Investments (Master Trust) — The Plan's investment in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust, except the underlying fully benefit responsive investment contracts which are stated at contract value. When quoted market prices are not available, the fair value of investments is estimated primarily by independent investment brokerage firms and insurance companies based on observable market inputs.

New Accounting Standards Adopted — The accounting standards initially adopted in the 2010 financial statements described below affected the reporting of certain assets in the statements of net assets available for benefits. The accounting standards initially adopted in the 2009 financial statements affected certain note disclosures but did not impact the statements of net assets available for benefits or the statement of changes of net assets available for benefits.

**Notes Receivable from Participants**— In September 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*. ASU 2010-25 changed the reporting of loans to participants. Prior to ASU 2010-25, loans to participants were reported as investments at fair value. ASU 2010-25 requires that loans to participants be reported as notes receivable from participants at the unpaid principal balance plus any accrued but unpaid interest. ASU 2010-25 is effective for periods ending after December 15, 2010. The Plan adopted ASU 2010-25 in the 2010 financial statements, applied retrospectively for all periods presented. The adoption of ASU 2010-25 was not significant as the unpaid principal balance plus accrued but unpaid interest of loans to participants approximated fair value.

**Fair Value Measurements and Disclosures** — In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures* ("ASU No. 2010-06"), which amends ASC 820 (originally issued as FASB Statement No. 157, *Fair Value Measurements*), adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The adoption of ASU No. 2010-06 was not significant to the financial statements.

**Administrative Expenses** — Trustee and investment management fees are paid by the Plan. Other administrative expenses are paid by the Company.

**Payment of Benefits** — Benefits are recorded when paid.

**Transfers** — In addition to this Plan, the Company also sponsors the General Cable Savings Plan. If employees change their status during the year, their account balances are transferred into the corresponding Plan. For the years ended December 31, 2010 and 2009, account balances totaling a net \$41,719 and \$7,284, respectively, on the accompanying statements of changes in net assets available for benefits represent net transfers of participant account balances from the General Cable Savings Plan. Other transfers into the Plan during the year ended December 31, 2009 of \$172,030, related to the Gepco acquisition are also included in the balance.

#### 3. FAIR VALUE MEASUREMENTS

ASC 820, Fair Value Measurements and Disclosures, established a single authoritative definition of fair value, set a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's policy is to recognize significant transfers between levels at the actual date of the event or change in circumstances that caused the transfer.

The following tables set forth by level within the fair value hierarchy a summary of the Master Trust's portfolio investments (which include the assets of the Plan and of the General Cable Savings Plan) measured at fair value on a recurring basis at December 31, 2010 and 2009.

Fair '	Value	Measur	ements
at	Decen	nber 31,	2010

	at December 01, 2010						
		ctive Markets		Other	Significant		
	,	for Identical Assets		Observable Inputs	Unobservable Inputs		
		Level 1		Level 2	Level 3		Total
Mutual funds:							
Domestic equity funds	\$	75,705,614	\$		\$	\$	75,705,614
Bond funds		18,092,211					18,092,211
International equity funds		13,085,515					13,085,515
Lifecycle funds		48,258,530					48,258,530
General Cable Stock Fund				20,394,258			20,394,258
Stable value fund	_			61,638,026		_	61,638,026
Total portfolio investments	\$	155,141,870	\$	82,032,284	\$	\$	237,174,154

# Fair Value Measurements at December 31, 2009

	at December 51, 2009							
	Active Markets for Identical Assets Level 1		Other Observable Inputs Level 2		Significant Unobservable Inputs Level 3		Total	
Mutual funds:								
Domestic equity funds	\$	68,594,278	\$	-	\$	-	\$	68,594,278
Bond funds		15,289,376						15,289,376
International equity funds		13,194,169						13,194,169
Lifecycle funds		37,205,350						37,205,350
General Cable Stock Fund				16,087,951				16,087,951
Stable value fund				59,630,401			_	59,630,401
Total portfolio investments	\$	134,283,173	\$	75,718,352	\$	-	\$	210,001,525

For the years ended December 31, 2010 and 2009, there were no significant transfers in or out of levels 1, 2 or 3.

The valuation methods as disclosed in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

#### 4. INVESTMENTS

The Plan's investment that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2010 and 2009, was the Plan's interest in the General Cable Master Trust with a contract value of \$143,756,100 and \$126,900,417, respectively.

During the years ended December 31, 2010 and 2009, the Plan's investment in the Master Trust appreciated in value by \$12,245,081 and \$23,522,172, respectively, excluding interest and dividends.

#### 5. STABLE VALUE FUND

The Stable Value Fund is a collective trust fund managed by FMTC. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Stable Value Fund's constant net asset value ("NAV") of \$1 per unit. Distribution to the Stable Value Fund's unit holders is declared daily from the net investment income and automatically reinvested in the Stable Value Fund on a monthly basis, when paid. It is the policy of the Stable Value Fund to use its best efforts to maintain a stable net asset value of \$1 per unit; although there is no guarantee that the Stable Value Fund will be able to maintain this value.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the Stable Value Fund, plus earnings, less participant withdrawals and administrative expenses. The Stable Value Fund imposes certain restrictions on the Plan, and the Stable Value Fund itself may be subject to circumstances that impact its ability to transact at contract value. Plan management believes that the occurrence of events that would cause the Stable Value Fund to transact at less than contract value is not probable.

#### Limitations on the Ability of the Stable Value Fund to Transact at Contract Value:

Restrictions on the Plan — Participant-initiated transactions are those transactions allowed by the Plan, including withdrawals for benefits, loans, or transfers to noncompeting funds within a plan, but excluding withdrawals that are deemed to be caused by the actions of the Plan Sponsor. The following employer-initiated events may limit the ability of the Stable Value Fund to transact at contract value:

- A failure of the Plan or its trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA;
- Any communication given to Plan participants designed to influence a participant not to invest in the Stable Value Fund or to transfer assets out of the Stable Value Fund;
- Any transfer of assets from the Stable Value Fund directly into a competing investment option;
- The establishment of a defined contribution plan that competes with the Plan for employee contributions; or
- Complete or partial termination of the Plan or its merger with another plan.

Circumstances That Impact the Stable Value Fund — The Stable Value Fund invests in assets, typically fixed income securities or bond funds, and enters into "wrapper" contracts issued by third parties. A wrap contract is an agreement by another party, such as a bank or insurance company, to make payments to the Stable Value Fund in certain circumstances. Wrap contracts are designed to allow a stable value

portfolio to maintain a constant NAV and protect a portfolio in extreme circumstances. In a typical wrap contract, the wrap issuer agrees to pay a portfolio the difference between the contract value and the market value of the underlying assets once the market value has been totally exhausted.

The wrap contracts generally contain provisions that limit the ability of the Stable Value Fund to transact at contract value upon the occurrence of certain events. These events include:

- Any substantive modification of the Stable Value Fund or the administration of the Stable Value Fund that is not consented to by the wrap issuer;
- Any change in law, regulation, or administrative ruling applicable to a plan that could have a material adverse effect on the Stable Value Fund's cash flow; and
- Employer-initiated transactions by participating plans as described above.

In the event that wrap contracts fail to perform as intended, the Stable Value Fund's NAV may decline if the market value of its assets declines. The Stable Value Fund's ability to receive amounts due pursuant to these wrap contracts is dependent on the third-party issuer's ability to meet its financial obligations. The wrap issuer's ability to meet its contractual obligations under the wrap contracts may be affected by future economic and regulatory developments.

The Stable Value Fund is unlikely to maintain a stable NAV if, for any reason, it cannot obtain or maintain wrap contracts covering all of its underlying assets. This could result from the Stable Value Fund's inability to promptly find a replacement wrap contract following termination of a wrap contract. Wrap contracts are not transferable and have no trading market. There are a limited number of wrap issuers. The Stable Value Fund may lose the benefit of wrap contracts on any portion of its assets in default in excess of a certain percentage of portfolio assets.

#### 6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain of the underlying investments of the Plan's investment in the Master Trust are held in shares of mutual funds and units of the Stable Value Fund managed by FMTC. FMTC is the trustee, as defined by the Plan and associated trust agreement and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were funded from the expense ratios of the various funds.

As of December 31, 2010 and 2009, the Plan held 2,095,801 and 1,865,846 units, respectively, of General Cable Stock Fund which includes cash and common stock of General Cable Corporation, a participating employer, with a cost basis of \$9,400,165 and \$8,157,847, respectively. During the years ended December 31, 2010 and 2009, the Plan recorded no dividend income associated with this investment.

Notes receivable from participants in the amount of \$3,806,965 and \$3,623,025 were outstanding at December 31, 2010 and 2009, respectively.

#### 7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA by duly adopted written resolution of the Board of Directors of the Plan Sponsor. In the event of

termination, the assets of the Plan credited to each participant's account become fully vested and non-forfeitable, and the Plan assets will be allocated to provide benefits to participants as set forth in the Plan, or as otherwise required by law.

#### 8. INTEREST IN MASTER TRUST

Certain of the Plan's investment assets are held in a trust account at the Trustee and consist of an undivided interest in an investment account of the Master Trust, a master trust established by the Company and administered by the Trustee. Use of the Master Trust permits the commingling of trust assets with the assets of the General Cable Savings Plan, another plan sponsored by the Company, for investment and administrative purposes. Although assets of both plans are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The net investment income of the investment assets is allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans.

The investments of the Master Trust at December 31, 2010 and 2009 are summarized as follows:

	2010	2009
Investments — whose fair value is determined based on quoted market prices:		
Common/collective trust fund Mutual funds	\$ 61,638,026 155,141,870	\$ 59,630,401 134,283,173
Common stock fund	20,394,258	16,087,951
Net assets of the General Cable Master Trust — fair value	237,174,154	210,001,525
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(2,143,142)	(473,559)
Net assets of the General Cable Master Trust	\$235,031,012	\$209,527,966
Plan's interest in net assets of the General Cable Master Trust — contract value	\$143,756,100	\$126,900,417
Plan's interest in Master Trust as a percentage of the total	61 %	61%

The net investment earnings of the Master Trust for the years ended December 31, 2010 and 2009 is summarized below:

	2010	2009
Dividend and interest income	\$ 5,149,482	\$ 4,825,458
Net appreciation in fair value of investments whose fair value was determined based on quoted market prices:		
Mutual funds	15,373,217	26,488,572
Common stock fund	3,800,494	10,846,004
Net appreciation in fair value of investments	19,173,711	37,334,576
Investment gain of General Cable Master Trust	\$ 24,323,193	\$ 42,160,034

#### 9. NET ASSET VALUE (NAV) PER SHARE

In accordance with ASU No. 2009-12, the Plan should include disclosures to include the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the net asset value per share as of December 31, 2010 and 2009. The estimated fair value of the Stable Value Fund is net asset value. The use of net asset value as a fair value is deemed appropriate as the Stable Value Fund does not have a finite life, unfunded commitments or significant restrictions on redemptions.

#### 10. FEDERAL INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated October 16, 2002, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving this determination letter in accordance with the Economic Growth and Tax Relief Reconciliation Act of 2001 and for certain regulations promulgated by the IRS and DOL. However, the Plan sponsor believes the Plan is designed and being administered in accordance with the IRC. During the Plan year, the Plan had certain operational issues occur. In order to prevent the Plan from incurring a qualification defect, the Plan's Sponsor has taken, and will continue to take, the necessary corrective actions in accordance with the acceptable correction methods of the Employee Plans Compliance Resolution System (EPCRS) (see Note 11). The Plan Sponsor believes the Plan has maintained its tax-exempt status. Therefore, no provision for income taxes has been included in the Plan's financial statements.

In January 2011, the Company requested a determination letter on the Plan, as amended, from the IRS. The Plan Sponsor believes that the Trust, as amended, continues to qualify and to operate under the applicable requirements of the IRC and has maintained its tax-exempt status. Therefore, no provision for income taxes is included in the accompanying financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 and 2009, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the

financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

#### 11. VOLUNTARY COMPLIANCE RESOLUTION

In January 2011, the Company filed an application for a compliance statement from the IRS under the voluntary compliance resolution program. The compliance statement was sought with respect to two operational failures, proposing in each case to correct by retroactively amending the Plan to be consistent with Plan operations and communications to Plan participants.

#### 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2010 and 2009:

	2010	2009
Net assets available for benefits per the financial statements Adjustment from fair value to contract value for fully	\$147,563,065	\$130,523,442
benefit-responsive investments contracts Certain deemed distributions of participant loans	1,111,692 (183,936)	244,339 (192,843)
Net assets available for benefits per Form 5500	\$148,490,821	\$130,574,938

For the year ended December 31, 2010, the following is a reconciliation of net investment gain per the financial statements to the Form 5500:

Total net investment gain per the financial statements Add adjustment from fair value to contract value for fully benefit-responsive	\$15,365,680
investment contracts Add interest income on notes receivable from participants Less interest on deemed distributions	867,353 202,608 (12,372)
Total gain on investments per the Form 5500	\$16,423,269

For the year ended December 31, 2010, the following is a reconciliation of distributions to participants per the financial statements to the Form 5500:

Total distributions to participants per the financial statements Less previously deemed loans	\$9,757,563 (30,271)
Add deemed distributions	8,992
Total distributions to participants per the Form 5500	\$9,736,284

\* \* \* \* \* \*

**SUPPLEMENTAL SCHEDULE** 

# GENERAL CABLE RETIREMENT AND SAVINGS PLAN FOR SALARIED ASSOCIATES

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2010

Identity of Issuer/Description of Investment	Current Value
* Active loans to participants — notes receivable, with interest rates ranging from 4.25% to 11.00%, maturing through February 2019	\$ 3,623,029
	\$ 3,623,029

<sup>\*</sup> Party-in-interest.

# GENERAL CABLE RETIREMENT & SAVINGS PLAN FOR SALARIED ASSOCIATES GK TECHNOLOGIES INCORPORATED

# EIN: 13-3064555 PN: 007 ATTACHMENT TO FORM 5500, SCH H, 4i SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES 12/31/2010

(A)	(B) Identity of issue, borrower, lessor, or similar party	(C) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(E) Current Value
*	Participant Loans	Participant Loans	3,623,029
*	Interest Held in Master Trust	Various (includes Registered Investment Companies, Self Directed Brokerage, etc.)	144,867,792
		TOTAL	148,490,821

<sup>\*</sup> Investment with party-in-interest to the Plan