

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>HUBBELL BURNDY 401(K) PLAN</u> 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>HUBBELL INCORPORATED</u> <u>40 WATERVIEW DRIVE, P.O.BOX 1000</u> <u>SHELTON, CT 06484-1000</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>064</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/03/2009</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>06-0397030</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>475-882-4000</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>335900</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>064</u>	1c Effective date of plan <u>10/03/2009</u>		2b Employer Identification Number (EIN) <u>06-0397030</u>		2c Sponsor's telephone number <u>475-882-4000</u>		2d Business code (see instructions) <u>335900</u>	
1b Three-digit plan number (PN) ▶	<u>064</u>										
1c Effective date of plan <u>10/03/2009</u>											
2b Employer Identification Number (EIN) <u>06-0397030</u>											
2c Sponsor's telephone number <u>475-882-4000</u>											
2d Business code (see instructions) <u>335900</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	JAMES H. BIGGART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	JAMES H. BIGGART
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

RETIREMENT COMMITTEE

40 WATERVIEW DRIVE, P.O. BOX 1000
SHELTON, CT 06484-1000**3b** Administrator's EIN

06-0397030

3c Administrator's telephone number

475-882-4000

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:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

673

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

27

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

3

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

30

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

1

f Total. Add lines **6d** and **6e**.....**6f**

31

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

31

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2R 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☐**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

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 HUBBELL BURNDY 401(K) PLAN		B Three-digit plan number (PN) ▶ 064
C Plan sponsor's name as shown on line 2a of Form 5500 HUBBELL INCORPORATED		D Employer Identification Number (EIN) 06-0397030

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
T. ROWE PRICE RPS, INC.
52-1714114

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

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

PIMCO FUNDS

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

CRM FUNDS

13-3156718

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 59	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CRM FUNDS	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CRM SMALL CAP VALUE, INST ONE FINANCIAL CENTER 14TH FLOOR MAIL CODE MA5-515-14-01 BOSTON, MA 02111	INVESTMENT MANAGEMENT FEES BASED ON 0.85%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INV. GRADE CORP. BOND, INST. 840 NEWPORT CENTER DRIVE SUITE 300 NEWPORT BEACH, CA 92660	INVESTMENT MANAGEMENT FEES BASED ON 0.5%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PIMCO FUNDS	28 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO TOTAL RETURN, INSTL 840 NEWPORT CENTER DRIVE SUITE 300 NEWPORT BEACH, CA 92660	INVESTMENT MANAGEMENT FEES BASED ON 0.46%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>HUBBELL BURNDY 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>064</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HUBBELL INCORPORATED</u>	D Employer Identification Number (EIN) <u>06-0397030</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY INDEX TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>52-6559833-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>98849</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP STABLE VALUE FUND SCH A</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>52-1309931-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>223165</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GS STRUCT INT'L EQ COL TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>13-4166989-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>276628</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 HUBBELL BURNDY 401(K) PLAN	B Three-digit plan number (PN) ►	064
C Plan sponsor's name as shown on line 2a of Form 5500 HUBBELL INCORPORATED	D Employer Identification Number (EIN) 06-0397030	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	416052	41390
(2) Participant contributions	1b(2)	106875	3875
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1155884	321122
(9) Value of interest in common/collective trusts.....	1c(9)	2761667	598642
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	21475323	2546489
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25915801	3511518

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	25915801	3511518
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1539061	
(B) Participants	2a(1)(B)	2601223	
(C) Others (including rollovers)	2a(1)(C)	369278	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4509562

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)	66765	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		66765

(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)	554853	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		554853

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(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)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		127068
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3002638
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8260886

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1714907	
(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)		1714907
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1714907

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6545979
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		28950262

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DWORKEN, HILLMAN, LAMORTE & STERCZALA**

(2) EIN: **06-1308345**

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

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

Part IV Compliance Questions

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

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HUBBELL INCORPORATED EMPLOYEE SAVINGS & INVESTMENT PLAN	06-0397030	060

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 <u>01/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>HUBBELL BURNDY 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>064</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUBBELL INCORPORATED</u>	D Employer Identification Number (EIN) <u>06-0397030</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	<u>0</u>
----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 52-1481931

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
----------	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6

a Enter the minimum required contribution for this plan year	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No

11

a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

e 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

e 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

e 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

e 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

e 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):

- 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 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 make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If 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, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

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

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

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

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

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Financial Statements and Supplemental Schedules

HUBBELL BURNDY 401(k) PLAN

Year ended December 31, 2010 and the
Period from October 3, 2009 (Inception)
to December 31, 2009

Plan Number: 064

Plan Sponsor EIN: 06-0397030

HUBBELL BURNDY 401(k) PLAN

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* *Other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA have been omitted as they are not applicable.*



DWORKEN, HILLMAN, LAMORTE & STERCZALA, P.C.
Certified Public Accountants / Business Consultants

JENNIFER S. BULL, CPA
JAMES G. COSGROVE, CPA
WALTER R. FULTON, CPA
MICHAEL E. GANINO, CPA
ERIC N. HENDLIN, CPA
WILLIAM C. LESKO, CPA
ALBERTO C. MARTINS, CPA
PAUL M. STERCZALA, CPA
JOSEPH A. VERRILLI, CPA

Independent Auditors' Report

To the Participants and Administrator
of the Hubbell Burndy 401(k) Plan

We were engaged to audit the financial statements of the Hubbell Burndy 401(k) Plan (the "Plan") as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the period from October 3, 2009 (Inception) to December 31, 2009 and the supplemental schedules as of and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by T. Rowe Price Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2010 and the period ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Dworken, Hillman, LaMorte & Sterczala, P.C.

Shelton, Connecticut
October 13, 2011



An independent member of HLB International
A world-wide organization of accounting firms and business advisers

HUBBELL BURNDY 401(k) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31,	
	<u>2010</u>	<u>2009</u>
Assets:		
Investments at fair value (Note 3)	\$3,145,131	\$24,236,990
Receivables:		
Participants contribution receivable	3,875	106,875
Employer contribution receivable	41,390	416,052
Notes receivable from participants	<u>321,122</u>	<u>1,155,884</u>
Total receivables	<u>366,387</u>	<u>1,678,811</u>
Total assets available for Plan benefits	3,511,518	25,915,801
Adjustment from fair value to contract value for fully benefit-responsive investment contracts held in a common collective trust (Note 4)	(<u>8,066</u>)	(<u>63,477</u>)
Net assets available for Plan benefits	<u>\$3,503,452</u>	<u>\$25,852,324</u>

See notes to financial statements.

HUBBELL BURNDY 401(k) PLAN

STATEMENT OF CHANGES IN AND
NET ASSETS AVAILABLE FOR PLAN BENEFITS

	Year Ended December 31, <u>2010</u>	Period Ended December 31, <u>2009</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments (Note 3)	\$ 3,091,207	\$ 20,691
Interest and dividends	<u>715,528</u>	<u>413,416</u>
Total investment income	<u>3,806,735</u>	<u>434,107</u>
Contributions:		
Participant rollovers	369,278	24,211,032
Participant contributions	2,601,223	650,237
Employer contributions	<u>1,539,061</u>	<u>658,472</u>
Total contributions	<u>4,509,562</u>	<u>25,519,741</u>
Total additions to net assets	<u>8,316,297</u>	<u>25,953,848</u>
Deductions from net assets attributed to:		
Participant withdrawals	1,714,907	101,524
Transfers to other plans	<u>28,950,262</u>	
Total deductions from net assets	<u>30,665,169</u>	<u>101,524</u>
Net change in net assets available for Plan benefits	(22,348,872)	25,852,324
Net assets available for Plan benefits, beginning of year	<u>25,852,324</u>	<u>0</u>
Net assets available for Plan benefits, end of year	<u>\$ 3,503,452</u>	<u>\$25,852,324</u>

See notes to financial statements.

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

1. **Description of the Plan:**

The following description of Hubbell Burndy 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan provisions.

General:

T. Rowe Price Trust Company (the “Trustee”) is the trustee for the Plan and custodian of the investments. The Plan’s trust agreement allows for twenty three investment options, a Total Return Fund, a Balanced Fund, an International Stock Fund, a Small-Cap Stock Fund, a Mid-Cap Growth Fund, a Stable Value Fund, a Value Fund, an Equity Index Trust Fund, a Growth Fund, an Inflation Protected Fund, an Investment Grade Corporate Bond Fund and age based funds targeted to specific retirement dates.

A participant may elect how contributions are allocated between investment options. Participants are provided with quarterly statements summarizing the activity in their accounts.

With the inception of the Plan, all employees of Hubbell Burndy, LLC (the “Company”), who were active participants of FCI USA 401(k) Plan were given the opportunity to rollover their existing investments into the Plan. During 2009, a total of \$24,211,032, including \$958,083 of participant loans, was rolled over into the Plan into investment options selected by participants.

As of December 31, 2010, all non-union participants and their asset balances, totaling \$28,950,262, were merged into The Hubbell Incorporated Employee Savings and Investment Plan into similar type investment options.

Participation:

The Plan was established on October 3, 2009 to enable employees to defer a portion of their compensation, thereby deferring federal income tax and providing savings to supplement retirement income. All union and non-union employees of the Company are eligible to participate in the Plan on the first day of the month following 30 days of service. As of January 1, 2011, only union employees are allowed to participate in the Plan.

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

1. **Description of the Plan** (continued):

Contributions:

Participants in the Plan may periodically elect to have a specified portion of their compensation (as defined in the Plan agreement) allocated to their accounts. This amount may not be less than 1 percent nor more than 75 percent of their eligible compensation. In addition, eligible participants over the age of 50 may contribute additional “catch-up” contributions. Participants are always 100% vested in their own contributions and related earnings.

All non-union employees are automatically enrolled in the Plan with a 2% deferral percentage, unless the employee elects a different percentage, including 0%.

The Company will make a matching contribution equal to ½% for every 1% contributed up to 2% of salary for all employees participating in the Plan. Participants are always 100% vested in matching contributions.

Eligible employees receive a profit sharing contribution at the discretion of the Company. Participants are always 100% vested in profit sharing contributions.

The Company will make a safe harbor contribution equal to 3% of salary for all participants regardless of whether they are contributing into the Plan. Participants are always 100% vested in safe harbor contributions.

Contributions from employees and related employer match are recorded at the time the related payroll deduction is made. Profit sharing contributions are recorded once declared by the Company.

Notes receivable from participants:

Loans to participants are permitted pursuant to the terms and conditions of the Plan agreement. The minimum amount for any loan is \$1,000. The maximum a participant may borrow, including the outstanding balance of existing Plan loans, is 50% of the participant’s vested account balance not including their profit sharing account balance, not to exceed \$50,000.

A participant may have a maximum of two loans outstanding at any given time. A loan to a participant shall be made solely from the assets of the participant’s account. Loan repayments are withheld from payroll and remitted semi-monthly, and the loan repayment period shall not

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

1. **Description of the Plan** (continued):

Notes receivable from participants (continued):

exceed five years except for loans to acquire a principal residence for which the loan repayment period shall not exceed fifteen years. Loans to participants bear an interest rate equal to the Trustee's prime rate plus 1%.

Administration:

A committee, which serves without compensation, is appointed by the Company and is responsible for the general administration of the Plan and makes the final determination on all questions arising in connection with the interpretation, application and administration of the Plan.

The Company may, by resolution of its Board of Directors, amend or terminate the Plan at any time. Except where necessary to satisfy the applicable qualification requirements of the Internal Revenue Code, no amendment may be made which would decrease the value of a participant's account under the Plan at the time the amendment is made.

Distributions/payment of benefits:

Upon the earliest of retirement, death, disability or termination of employment, participants become eligible for a lump-sum distribution of their accounts. At the participant's option, an account balance in excess of \$1,000 may remain in the Plan. At age 70½ there is a required distribution of a portion of the account balance, based on the life expectancy of the individual.

However, if a participant is still employed at the age of 70 ½, they can defer receipt of their required minimum distributions until after termination of employment. Participants who demonstrate that a hardship (as defined under Internal Revenue Service regulations) exists, may withdraw funds from their accounts. In addition, the Plan permits loans with certain specified limitations based on account balances.

2. **Summary of significant accounting policies:**

Basis of presentation:

The financial statements of the Plan have been prepared on the accrual basis of accounting.

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

2. **Summary of significant accounting policies** (continued):

Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates and assumptions.

Investment valuation and income recognition:

Except for the Stable Value Fund, the Plan's investments are stated at fair value, as determined by T. Rowe Price Trust Company, the Trustee of the Plan, generally based on reference to published market data.

The Plan invests in a stable value fund through its participation in the T. Rowe Price Stable Value Fund ("Stable Value Fund"). The Stable Value Fund is a common collective trust fund consisting of investments in investment contracts with insurance companies and banks as well as synthetic investment contracts, and is stated at fair value which differs from contract value. Fair value of the Stable Value Fund is based on the fair value of the underlying investments.

The Plan applies Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 946, *Financial Services – Investment Companies*, and ASC 965, *Plan Accounting – Health and Welfare Benefit Plans*, which define the circumstances in which an investment contract is considered fully benefit-responsive and provides certain reporting and disclosure requirements for fully benefit-responsive investment contracts in defined contribution, health and welfare, and pension plans. As required by this authoritative guidance, investments in the accompanying statement of net assets available for plan benefits include fully benefit-responsive investment contracts recognized at fair value, with a corresponding adjustment to reflect these investments at contract value.

The net unrealized appreciation or depreciation for the year is reported together with realized gains and losses in the statements of changes in and net assets available for plan benefits. Purchases and sales of investments are recorded on a trade-date basis. Realized investment gains and losses are determined based on the weighted-average historical cost basis of the investment sold. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

2. **Summary of significant accounting policies** (continued):

Fair value measurement of investments:

Investments are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits. Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (“ASC 820”), establishes a framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy assigns the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820, along with a brief description of each, are as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

2. Summary of significant accounting policies (continued):

Fair value measurement of investments (continued):

A description of the valuation methodologies used to measure Plan assets at fair value is provided below:

Mutual Funds (including bond and stock funds) – The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. There are no restrictions as to the redemption of these investments nor does the Plan have any contractual obligations to further invest in any of the individual mutual funds.

Common/Collective Trusts – The Stable Value Fund is not actively traded, however significant other observable inputs are available. The fair value of the Stable Value Fund is valued at the net asset value, the underlying investments of which are valued at the contract value. There are no restrictions as to the redemption of these investments nor does the Plan have any contractual obligations to further invest in the Trust.

The preceding methods described may produce a fair value 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Notes receivable from participants:

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Investment income and expenses:

Earnings, gains, and losses are allocated daily to each participant's account. The fees and expenses of administering the Plan, including the Trustee's fees, are paid from the Plan unless paid by the Company.

Payment of distributions:

Distributions to participants are recorded when paid.

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

2. **Summary of significant accounting policies (continued):**

Plan expenses:

Plan expenses are paid from participant forfeitures and any remaining amounts are paid by the sponsor of the Plan.

Forfeited accounts:

Forfeited non-vested amounts will be used to offset future plan expenses. All remaining forfeitures will be treated as an employer contribution and shall be used to reduce matching and discretionary profit sharing contributions. There are no forfeited non-vested accounts at December 31, 2010 or 2009 or forfeitures used to reduce plan expenses for the year ended December 31, 2010 or period ended December 31, 2009.

Recent accounting pronouncements:

In January 2010, the FASB issued ASC Update 2010-06, *Fair Value Measurements and Disclosures (Topic 820) – Improving Disclosures about Fair Value Measurements*. This guidance requires: (i) separate disclosure of significant transfers between Level 1 and Level 2 as well as reasons for such transfers; (ii) disclosure, on a gross basis, of purchases, sales, issuances, and net settlements within Level 3; (iii) disclosures by class of assets and liabilities; and (iv) a description of the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. This guidance is effective for reporting periods beginning after December 15, 2009, except for the level 3 disclosure requirements, which is effective for fiscal years beginning after December 15, 2010 and interim periods within those fiscal years with early adoption permitted.

In September 2010, the FASB issued ASC Update 2010-25, *Plan Accounting – Defined Contribution Pension Plans (Topic 962) – Reporting Loans to Participants by Defined Contribution Pension Plans*. The guidance requires participant loans to be classified as notes receivable from participants and measured at their unpaid principal balances plus any accrued but unpaid interest. This guidance is effective for years ending after December 31, 2010, with early adoption permitted and should be initially applied retrospectively to all prior periods presented. The Plan's financial statements reflect the adoption of the above guidance.

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

3. Investments:

Individual investments that represent 5% or more of fair value of the Plan's net assets available for benefits are as follows:

	<u>December 31,</u> <u>2010</u>	<u>2009</u>
Mutual funds:		
Retirement 2010 Fund, 17,365 and 127,513 shares, Respectively (A)	\$266,375	\$1,778,801
Retirement 2015 Fund, 45,663 and 376,103 shares, Respectively (A)	542,937	4,013,020
Retirement 2020 Fund, 14,001 and 316,462 shares, Respectively (A)	230,180	4,620,346
Retirement 2025 Fund, 21,366 and 263,604 shares, Respectively (A)	257,245	2,796,842
Retirement 2030 Fund, 10,826 and 189,271 shares Respectively (A)	187,079	2,861,778
CRM Small Cap Value Fund, 9,897 shares	244,059	*
Mid-Cap Growth Fund, 4,527 shares (A)	264,975	*
Collective trusts:		
Stable Value Fund (contract value of \$215,099 and \$2,050,326 respectively), 215,099 and 2,050,326 shares, respectively (A)	223,165	2,113,803
GS Struct International EQ Col Trust, 20,016 shares	276,628	*

* Balance did not represent 5% or more of the Plan's net assets on the respective date.

(A) Funds sponsored by T. Rowe Price Trust Company.

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>December 31,</u> <u>2010</u>	<u>2009</u>
Bond funds	(\$ 16,566)	(\$ 9,556)
Stock funds	3,019,203	31,681
Collective trusts	88,570	(1,434)
	<u>\$3,091,207</u>	<u>\$ 20,691</u>

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

3. **Investments** (continued):

The following tables set forth the fair value of Plan assets, by level, within ASC 820 fair value hierarchy, as of December 31, 2010 and 2009:

December 31, 2010 Fair Value				
Measurements Using:				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth	\$ 1,930,416			\$ 1,930,416
Mid-Cap	264,975			264,975
Value	72,994			72,994
Fixed income	34,045			34,045
Small-Cap	244,059			244,059
	<u>2,546,489</u>			<u>2,546,489</u>
Collective Trusts:				
The Stable Value Fund		\$223,165		223,165
Equity Index Trust	98,849			98,849
GS Structured International				
EQ Col Trust	276,628			276,628
	<u>375,477</u>	<u>223,165</u>		<u>598,642</u>
Total	<u>\$ 2,921,966</u>	<u>\$223,165</u>	<u>\$</u>	<u>\$ 3,145,131</u>

December 31, 2009 Fair Value				
Measurements Using:				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth	\$19,002,476			\$19,002,476
Balanced	758,794			758,794
Mid-Cap	830,921			830,921
Value	164,610			164,610
Fixed income	435,833			435,833
Small-Cap	282,689			282,689
	<u>21,475,323</u>			<u>21,475,323</u>
Collective Trusts:				
The Stable Value Fund		\$2,113,803		2,113,803
Equity Index Trust	219,719			219,719
GS Structured International				
EQ Col Trust	428,145			428,145
	<u>647,864</u>	<u>2,113,803</u>		<u>2,761,667</u>
Total	<u>\$22,123,187</u>	<u>\$2,113,803</u>	<u>\$</u>	<u>\$24,236,990</u>

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

4. **Investment in fully benefit-responsive investment contract:**

The Plan, through its investment in the Stable Value Fund, has entered into a benefit-responsive investment contract (as described in Note 2). The Stable Value Fund, a collective trust, is a commingled pool that invests in (i) investment contracts issued by insurance companies and other financial institutions, (ii) fixed income securities, and (iii) money market funds.

The Trustee maintains participant contributions in a general account which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. In addition, the terms of the guaranteed investment contract do not permit the issuing insurance company to terminate the agreement prior to the scheduled maturity date.

Investment contracts have been presented in the financial statements at fair value, with a corresponding adjustment to contract value (as reported to the Plan by the Trustee), because such investments are deemed to be fully benefit-responsive in that they provide that trust participants may make withdrawals, or transfer all or a portion of their account balance, at contract value during the term of the contract. Contract value represents contributions made under the contract, plus earnings on the underlying investments, less participant withdrawals and administrative expenses. There are no reserves against contract value for credit risk of a contract issuer or otherwise.

The weighted average yield earned by the Stable Value Fund of the year ended December 31, 2010 and 2009 was 3.65% and 4.23%, respectively. The weighted average yield credited to participant accounts during that same period was 4.10% and 4.26%, respectively.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan sponsor does not believe that any of the aforementioned events, which would limit the Plan's ability to transact at contract value with participants, are probable of occurring.

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

4. **Investment in fully benefit-responsive investment contract (continued):**

As of December 31, 2010, the contract value of the Stable Value Fund was \$215,099 as compared to its fair value of \$223,165. An adjustment of \$8,066 has been made to the Statement of Net Assets available for Plan benefits to reflect contract value. As of December 31, 2009, the contract value of the Stable Value Fund was \$2,050,326 as compared to its fair value of \$2,113,803.

5. **Summary of financial information certified by the Trustee:**

The following is a summary of the financial information as of December 31, 2010 and 2009, and for the year and period then ended. This information is certified by the trustee in accordance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

STATEMENTS OF NET ASSETS

	December 31,	
	2010	2009
Assets:		
Investments at fair value:		
Bond funds:		
Inflation Protected Bond Fund	\$ 2,452	\$ 26,214
Pimco Investment Grade Corporate Bond Fund	24,436	207,598
Pimco Total Return Institutional Fund	7,157	202,021
Stock funds:		
Balanced Fund		758,794
CRM Small Cap Value Fund	244,059	282,689
Value Fund	72,994	164,610
Mid-Cap Growth Fund	264,975	830,921
Growth Stock Fund	100,139	447,189
Retirement Income Fund	112,398	78,675
Retirement 2005 Fund	31,864	179,337
Retirement 2010 Fund	266,375	1,778,801
Retirement 2015 Fund	542,937	4,013,020
Retirement 2020 Fund	230,180	4,620,346

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

5. Summary of financial information certified by the Trustee (continued):

STATEMENTS OF NET ASSETS (continued):

	December 31,	
	2010	2009
Retirement 2025 Fund	257,245	2,796,842
Retirement 2030 Fund	187,079	2,861,778
Retirement 2035 Fund	101,842	1,188,705
Retirement 2040 Fund	30,017	477,542
Retirement 2045 Fund	26,635	466,340
Retirement 2050 Fund	6,944	69,691
Retirement 2055 Fund	36,761	24,210
Collective trusts:		
Equity Index Trust	98,849	219,719
GS Struct International EQ Col Trust	276,628	428,145
	<u>2,921,966</u>	<u>22,123,187</u>
Investments at contract value:		
Stable Value Fund	215,099	2,050,326
Total investments	<u>3,137,065</u>	<u>24,173,513</u>
Receivables:		
Participant contributions	3,875	106,875
Employer contributions	6,757	416,052
Notes receivable from participants	321,122	1,155,884
Net assets available for Plan benefits	<u><u>\$ 3,468,819</u></u>	<u><u>\$25,852,324</u></u>

STATEMENTS OF CHANGES IN NET ASSETS

	Year Ended December 31, 2010	Period Ended December 31, 2009
Additions:		
Net appreciation in fair value of investments	\$ 3,091,207	\$ 20,691
Interest and dividends	715,528	413,416
Participant rollovers	369,278	24,211,032
Participant contributions	2,601,223	650,237
Employer contributions	<u>1,504,428</u>	<u>658,472</u>
Total additions	<u><u>8,281,664</u></u>	<u><u>25,953,848</u></u>

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

5. **Summary of financial information certified by the Trustee (continued):**

STATEMENTS OF CHANGES IN NET ASSETS

	Year Ended December 31, 2010	Period Ended December 31, 2009
Deductions:		
Participant withdrawals	1,714,907	101,524
Transfer to other plans	<u>28,950,262</u>	
Total deductions	<u>30,665,169</u>	<u>101,524</u>
Net change in net assets	(22,383,505)	25,852,324
Net assets, beginning of year or period	<u>25,852,324</u>	0
Net assets, end of year	<u>\$ 3,468,819</u>	<u>\$25,852,324</u>

6. **Federal income tax status:**

The Internal Revenue Service has ruled that the Plan meets the requirements of Section 401(a) of the Internal Revenue Code and that the Plan is exempt from federal income taxes under Section 401(a) of the Internal Revenue Code. Accordingly, no provision for federal income taxes is included in the Plan's financial statements.

Under present federal income tax laws and regulations, participants will not be subject to federal income taxes on their contributions, or on the interest, dividends or profits on the sale of securities received by the Trustee until the participants' account balances are distributed. Loan distributions are not subject to federal income taxes.

7. **Risk and uncertainties:**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

8. **Related party transactions:**

Certain Plan investments are funds managed by T. Rowe Price Trust Company, the trustee of the Plan, and, therefore, these transactions qualify as parties-in-interest.

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

9. Plan termination:

The Company may, by resolution of its Board of Directors, amend or terminate the Plan at any time subject to provisions of ERISA. In the event the Plan is discontinued, the Plan provides that the net assets of the trust fund, as allocated to the participants, are nonforfeitable, and after the net assets have been reduced to cash, the amounts shall be distributed to the participants in relation to their pro rata share of net assets.

10. 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:

	December 31, 2010	2009
Net assets available for benefits per financial statements	\$ 3,503,452	\$25,852,324
Adjustment from contract value to fair value for fully benefit-responsive investment contracts held in a collective trust	8,066	63,477
Net assets per Form 5500	<u>\$ 3,511,518</u>	<u>\$25,915,801</u>

The following is a reconciliation of the net increase (decrease) in net assets available for benefits per the financial statements to the Form 5500:

	Year Ended December 31, 2010	Period Ended December 31, 2009
Net change in net assets available for benefits per the financial statements	(\$22,348,872)	\$25,852,324
Current year adjustment from contract value to fair value relating to fully benefit-responsive investment contracts held in a collective trust	8,066	63,477
Prior year adjustment from contract value to fair value relating to fully benefit-responsive investment contracts held in a collective trust	(63,477)	0
Net change in net assets available for benefits per Form 5500	<u>(\$22,404,283)</u>	<u>\$25,915,801</u>

HUBBELL BURNDY 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2010 and
Period from October 3, 2009 (Inception)
to December 31, 2009

11. Subsequent events:

Management has evaluated subsequent events through October 13, 2011, the date which the financial statements were available for issue.

HUBBELL BURNDY 401(k) PLAN

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

December 31, 2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
	Bond funds:			
*	Inflation Protected Bond Fund	205 shares	#	\$ 2,452
	PIMCO Investment Grade Corp. Bond Fund	2,332 shares	#	24,436
	PIMCO Total Return Institutional Fund	660 shares	#	7,157
	Total bond funds			<u>34,045</u>
	Stock funds:			
	CRM Small-Cap Stock Fund	9,897 shares	#	244,059
*	Growth Stock Fund	3,115 shares	#	100,139
*	Mid-Cap Growth Fund	4,527 shares	#	264,975
*	Retirement Income Fund	8,573 shares	#	112,398
*	Retirement 2005 Fund	2,810 shares	#	31,864
*	Retirement 2010 Fund	17,365 shares	#	266,375
*	Retirement 2015 Fund	45,663 shares	#	542,937
*	Retirement 2020 Fund	14,001 shares	#	230,180
*	Retirement 2025 Fund	21,366 shares	#	257,245
*	Retirement 2030 Fund	10,826 shares	#	187,079
*	Retirement 2035 Fund	8,327 shares	#	101,842
*	Retirement 2040 Fund	1,723 shares	#	30,017
*	Retirement 2045 Fund	2,294 shares	#	26,635
*	Retirement 2050 Fund	713 shares	#	6,944
*	Retirement 2055 Fund	3,817 shares	#	36,761
*	Value Fund	3,127 shares	#	72,994
	Total stock funds			<u>2,512,444</u>
	Collective trusts:			
*	Equity Index Trust	2,456 shares	#	98,849
	GS Structured International EQ Col Trust	20,016 shares	#	276,628
*	Stable Value Fund	215,099 shares	#	223,165
	Total collective trusts			<u>598,642</u>
*	Notes Receivable from participants	Interest rate at Trustee's prime rate plus 1% (4.25% to 9.25%). Maturity dates: April 2011 to June 2015	#	<u>321,122</u>
	Total investments (held at end of year)			<u>\$ 3,466,253</u>

* - Indicates party-in-interest to the Plan. Fund is sponsored by T. Rowe Price Trust Company.

- Investments are participant-directed, therefore, cost information is not required.

HUBBELL BURNDY 401(k) PLAN

SCHEDULE H, Line 4(j) -
SCHEDULE OF REPORTABLE TRANSACTIONS

Period Ended December 31, 2010

<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Category (iii) – A series of transactions in excess of 5% of plan assets						
T. Rowe Price Trust Company *						
	Stable Value Fund	\$1,176,515		\$1,176,515	\$1,176,515	
	Stable Value Fund		3,011,710	3,011,710	3,011,710	
	Mid-Cap Growth	273,865		273,865	273,865	
	Mid-Cap Growth		1,059,965	859,798	1,059,965	\$200,167
	Retirement 2010 Fund	659,366		659,366	659,366	
	Retirement 2020 Fund	894,033	2,318,491	2,216,341	2,318,491	102,150
	Retirement 2020 Fund			894,033	894,033	
	Retirement 2030 Fund	648,842	5,856,378	5,317,763	5,856,378	538,615
	Retirement 2030 Fund			648,842	648,842	
	Retirement 2015 Fund	994,524	3,780,908	3,339,191	3,780,908	441,717
	Retirement 2015 Fund			994,524	994,524	
	Retirement 2025 Fund	947,274	4,971,409	4,535,616	4,971,409	435,793
	Retirement 2025 Fund			947,274	947,274	
	Retirement 2035 Fund	475,157	3,895,711	3,516,183	3,895,711	379,528
	Retirement 2035 Fund			475,157	475,157	
	Retirement 2035 Fund		1,769,591	1,567,848	1,769,591	201,743

* Indicates party-in-interest to the Plan.

There were no category (i), (ii) or (iv) reportable transactions.

“Lease Rental” and “Expenses Incurred Transaction” columns were not applicable.

Plan Name	Hubbell Burndy 401(k) Plan
Plan Sponsor EIN	06-0397030
ERISA Plan #	064
Plan Year Ending	December 31, 2010

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Hubbell Burndy 401(k) Plan
Plan Sponsor EIN	06-0397030
ERISA Plan #	064
Plan Year Ending	December 31, 2010

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Hubbell Burndy 401(k) Plan
Plan Sponsor EIN	06-0397030
ERISA Plan #	064
Plan Year Ending	December 31, 2010

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	