

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), 6057(b), 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 2011 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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 INCORPORATED RETIREMENT PLAN FOR HOURLY EMPLOYEES</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>021</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1972</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>021</u>	1c Effective date of plan <u>12/01/1972</u>	
1b Three-digit plan number (PN) ▶	<u>021</u>				
1c Effective date of plan <u>12/01/1972</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>HUBBELL INC. & SUBSIDIARIES</u> <u>40 WATERVIEW DRIVE</u> <u>P.O. BOX 1000</u> <u>SHELTON, CT 06484-1000</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>06-0397030</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>475-882-4000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> </table>	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>	
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.	10/15/2012	JAMES H. BIGGART, TREASURER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	JAMES H. BIGGART, TREASURER
	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 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HUBBELL INC. & SUBSIDIARIES 40 WATERVIEW DRIVE P.O. BOX 1000 SHELTON, CT 06484-1000	3b Administrator's EIN 06-0397030 3c Administrator's telephone number <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
---	--

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	2071
---	----------	------

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	306
b Retired or separated participants receiving benefits.....	6b	851
c Other retired or separated participants entitled to future benefits.....	6c	738
d Subtotal. Add lines 6a , 6b , and 6c	6d	1895
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	136
f Total. Add lines 6d and 6e	6f	2031
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

1B 1G

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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan <u>HUBBELL INCORPORATED RETIREMENT PLAN FOR HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>021</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HUBBELL INC. & SUBSIDIARIES</u>	D Employer Identification Number (EIN) <u>06-0397030</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>35962988</u>
b Actuarial value	2b <u>33741368</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a <u>966</u> (1) Number of participants <u>18522285</u> (2) Funding Target
b For terminated vested participants	3b <u>782</u> <u>7747703</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>216732</u>
(2) Vested benefits	3c(2) <u>3300280</u>
(3) Total active	3c(3) <u>323</u> <u>3517012</u>
d Total	3d <u>2071</u> <u>29787000</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.21 %</u>
6 Target normal cost	6 <u>252515</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/05/2012</u>
Signature of actuary	Date
<u>STEVEN JAMES</u>	<u>11-06406</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	
Firm name	Telephone number (including area code)
<u>ONE STAMFORD PLAZA</u> <u>263 TRESSER BLVD</u> <u>STAMFORD, CT 06901</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7219171	
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	282630	
9 Amount remaining (line 7 minus line 8)	6936541	
10 Interest on line 9 using prior year's actual return of <u>10.68</u> %	740823	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		
b Interest on (a) using prior year's effective rate of <u>6.63</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance.....		
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	7677364	

Part III Funding percentages		
14 Funding target attainment percentage.....	14	87.50 %
15 Adjusted funding target attainment percentage.....	15	113.27 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	122.33 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	252515	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	252515	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	252515		252515
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2011</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
---	---	---

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

<p>A Name of plan HUBBELL INCORPORATED RETIREMENT PLAN FOR HOURLY EMPLOYEES</p>	<p>B Three-digit plan number (PN) ▶ 021</p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HUBBELL INC. & SUBSIDIARIES</p>	<p>D Employer Identification Number (EIN) 06-0397030</p>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: HUBBELL INC. MASTER PENSION TRUST

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

c EIN-PN 06-0397030-062	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35368800
--	--	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan HUBBELL INCORPORATED RETIREMENT PLAN FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) ►	021
C Plan sponsor's name as shown on line 2a of Form 5500 HUBBELL INC. & SUBSIDIARIES	D Employer Identification Number (EIN) 06-0397030	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	35962989	35368800
(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)		
(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	35962989	35368800

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	67925	46046
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	67925	46046

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	35895064	35322754
---	-----------	----------	----------

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		

		(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)		1654240
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1654240

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2226550	
(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)		2226550
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)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2226550

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-572310
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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: DHL&S, P.C.

(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.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

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)

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 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>HUBBELL INCORPORATED RETIREMENT PLAN FOR HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>021</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUBBELL INC. & SUBSIDIARIES</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
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): <u>36-6741811</u> 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 <u>14</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

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

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

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

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: 34.4% Investment-Grade Debt: 22.4% High-Yield Debt: _____% Real Estate: _____% Other: 43.2%

- 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

**HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES**

Years Ended December 31, 2011 and 2010

Plan Number: 021

Plan Sponsor EIN: 06-0397030

**HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES**

CONTENTS

	Page
Independent auditors' report	1
Financial statements:	
Statements of net assets available for Plan benefits at December 31, 2011 and 2010.....	2
Statements of changes in and net assets available for Plan benefits for the years ended December 31, 2011 and 2010	3
Notes to financial statements	4-18
 <i>Note: Supplementary schedules are not included with these financial statements as they are not applicable.</i>	



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

JENNIFER S. BULL, CPA
JAMES G. COSGROVE, CPA
WALTER R. FULTON, CPA
MICHAEL F. 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
Hubbell Incorporated
Retirement Plan for Hourly Employees

We were engaged to audit the financial statements of the Hubbell Incorporated Retirement Plan for Hourly Employees (the "Plan") as of December 31, 2011 and 2010 and for the years then ended, as listed in the accompanying index. These financial statements 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 8, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. 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 years ended December 31, 2011 and 2010 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 taken as a whole. The form and content of the information included in the financial statements, 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, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

Shelton, Connecticut
October 12, 2012



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

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31,	
	<u>2011</u>	<u>2010</u>
Assets:		
Investment in Hubbell Incorporated		
Master Pension Trust	\$35,368,800	\$35,962,989
Liabilities:		
Accrued expenses	(<u>46,046</u>)	(<u>67,925</u>)
Net assets available for Plan benefits	<u>\$35,322,754</u>	<u>\$35,895,064</u>

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

**STATEMENTS OF CHANGES IN AND NET ASSETS
AVAILABLE FOR PLAN BENEFITS**

	Year Ended December 31,	
	<u>2011</u>	<u>2010</u>
Additions:		
Net appreciation in fair value of investments	\$ 1,122,580	\$ 2,809,588
Dividend, interest, and other investment income	<u>857,700</u>	<u>892,796</u>
Total additions	<u>1,980,280</u>	<u>3,702,384</u>
Deductions:		
Benefit payments to participants	2,226,550	2,289,066
Investment and other expenses	<u>326,040</u>	<u>263,654</u>
Total deductions	<u>2,552,590</u>	<u>2,552,720</u>
Net increase (decrease) in assets available for Plan benefits	(572,310)	1,149,664
Net assets available for Plan benefits, beginning of year	<u>35,895,064</u>	<u>34,745,400</u>
Net assets available for Plan benefits, end of year	<u>\$35,322,754</u>	<u>\$35,895,064</u>

See notes to financial statements.

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

1. Description of the Plan:

The following is a brief description of the Hubbell Incorporated Retirement Plan for Hourly Employees (the “Plan”) and is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

Participation:

The Plan of Hubbell Incorporated (the “Company”) is a defined benefit (non-contributory) plan which covers each non-union hourly employee provided the employee is a member of a group to which the Plan has been extended by resolution of the Company’s Board of Directors. It is subject to the provisions of ERISA.

Retirement benefits:

Annual normal retirement benefits, which are payable at age 65, are equal to a monthly benefit rate multiplied by the number of years of credited benefit service prior to retirement. For different groups, the monthly benefit rate may be fixed or it may vary according to the participant’s final average compensation (based on the average basic hourly rates of compensation during the three full calendar quarters immediately preceding retirement). In addition, the Plan provides that any participant who was a participant under a prior plan of the Company shall not have their benefits reduced under the Plan.

The Plan also provides for the payment of lesser benefits if an employee elects early retirement after attaining a stated age and number of years of credited service, dependent on the group. Late retirement benefits are calculated in the same manner as normal retirement benefits but are based on credited service and final average compensation up to the actual retirement date. Disability retirement benefits are available for active participants who become totally disabled while employed, provided they have the required years of credited service. In addition, certain optional forms of benefit payment are available to each participant.

Participants become 100% vested in the Plan after they complete five years of service. Any forfeitures arising due to the termination of service of non-vested employees shall be used to reduce the Company’s subsequent contributions to the Plan.

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

1. Description of the Plan (continued):

Death and disability benefits:

If an active married employee dies after being vested, a pre-retirement survivor annuity would be paid to the employee's surviving spouse. Active employees who become totally disabled receive annual disability benefits that are computed the same as normal retirement, with benefits based on either service accrued as of the date of disability, or projected to age 65, depending on the group of which the participant is a member. Disability payments are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

Administration:

A Retirement Committee appointed by the Company and who serves without compensation 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.

2. Summary of significant accounting policies:

General:

At December 31, 2011 and 2010, the assets of the Plan were held in the Hubbell Incorporated Master Pension Trust (the "Master Trust") which contains the assets of three pension plans of the Company. The Northern Trust Company (the "Trustee") serves as trustee for the Plan and as custodian of the investments.

Basis of accounting:

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

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 of assets, liabilities, and changes therein, and disclosure of actuarial present value of accumulated benefits. Accordingly, actual results may differ from those estimates and assumptions.

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

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

Investment valuation:

Quoted market prices are used to value all non-cash investments. See Note 6 for a discussion of fair value measurements.

The income and asset appreciation (depreciation) of the Master Trust have been allocated to the participating plans on a percentage basis. The allocation is based on the preceding quarterly market value of the Plan's assets, net of actual contributions and benefit payments relating to the Plan for the subsequent quarter. Notes 5 and 8 contain additional information about the Master Trust.

Investment and other expenses:

Investment and other allowable expenses are paid by the Plan directly. Other unallowable expenses are paid by the Plan sponsor.

Actuarial present value of accumulated plan benefits:

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their spouses and (b) present employees or their spouses. Accumulated plan benefits for active employees are based on their years of service and monthly benefit rate on the date the benefit information is presented (valuation date).

As of December 31, 2011 and 2010, benefits payable under all circumstances - retirement, disability, death, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

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

Actuarial present value of accumulated plan benefits (continued):

The significant actuarial assumptions used in the December 31, 2011 and 2010 valuations were (a) life expectancy of participants (2011; 2012 PPA Mortality Tables with separate rates for annuitants and non-annuitants) and (2010; 2011 PPA Mortality Tables with separate rates for annuitants and non-annuitants), (b) retirement age assumptions (the assumed average retirement age was 63), (c) discount rate of 4.40% and 5.40% for 2011 and 2010 and (d) annual salary scale increase (rate of 3.50% for 2011 and 2010). The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of benefits:

Benefit payments to participants are recorded upon distribution.

3. **Funding policy:**

All contributions to provide benefits under the Plan are made by the Company. The amount of the annual contribution is determined by the Company based on a computation made by an independent actuary. The Company's contributions have equaled or exceeded the minimum funding requirement of ERISA for the years ended December 31, 2011 and 2010.

Although it has not expressed any intention to do so, the Company 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.

4. **Plan termination priorities:**

In the event of discontinuance of the Plan, the assets then remaining shall be allocated, to the extent they shall be sufficient after making provision for all administrative expenses, in the following order of preference:

A. To provide for the payment of pensions to participants in the following two subcategories:

1. Retired pensioners who were receiving benefits three years prior to termination.

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

4. Plan termination priorities (continued):

2. Participants who would have been receiving benefits three years prior to termination had they been retired.
- B. To provide for the payment required by the termination insurance provisions of ERISA.
- C. To provide for the payment of pensions to vested participants, whose vested pensions have not commenced.
- D. To provide for the payment of pensions to the remaining participants.

To the extent unfunded vested benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation to participants up to specified limitations.

5. Interest in Hubbell Incorporated Master Pension Trust:

The Plan's investments are in the Hubbell Incorporated Master Pension Trust ("Master Trust") which was established for the investment of assets of the Plan and several other Hubbell Incorporated sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by The Northern Trust Company (Trustee).

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At December 31, 2011 and 2010, the Plan's interest in the net assets of the Master Trust was approximately 6.3% and 6.6%, respectively. Investment income and administrative expenses (except for expenses directly related to a specific plan) relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each Plan.

The following table presents the assets, including investments, of the Master Trust:

	December 31,	
	2011	2010
Cash	\$ 16,388,333	\$ 28,590,934
Common stock	135,455,355	166,188,338
Common stock – Hubbell Incorporated	21,452,531	19,896,495
Preferred stock	164,370	261,521

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

5. **Interest in Hubbell Incorporated Master Pension Trust** (continued):

	December 31,	
	2011	2010
Corporate bonds – preferred	36,065,380	26,475,583
Corporate bonds	52,675,632	39,005,335
U.S. Government securities	100,262,112	56,027,296
Registered investment companies	32,526,347	40,990,356
Common/collective trusts	37,992,720	44,882,196
Partnership/joint venture interests	54,377,435	99,412,606
Alternative investments and other	70,407,241	17,123,235
	557,767,456	538,853,895
Accrued income receivable	3,410,858	2,548,557
	<u>\$561,178,314</u>	<u>\$541,402,452</u>
Plan interest in Master Trust	<u>\$ 35,368,800</u>	<u>\$ 35,962,989</u>

Investment income for the Master Trust is as follows:

	Year Ended December 31,	
	2011	2010
Net appreciation (depreciation) in fair value of investments:		
Common stock	(\$ 6,226,916)	\$ 15,091,125
Preferred stock	42,584	(291)
Corporate bonds	5,415,023	3,962,254
U.S. Government securities	17,787,163	1,500,062
Registered investment companies	(5,879,554)	7,027,806
Partnership/joint venture interests	1,903,823	5,799,653
Alternative investments and other	3,972,668	7,422,406
	<u>\$ 17,014,791</u>	<u>\$ 40,803,015</u>

6. **Fair value measurements of investments:**

Investments are reported at fair value in the accompanying Statement of Net Assets Available for Plan Benefits. ASC 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).

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

6. Fair value measurements of investments (continued):

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 with 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.

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

Hubbell Incorporated common stock – Valued at the closing price reported on the New York Stock Exchange.

Common stock, preferred stock, and U.S. Government Securities – Valued at the closing price as reported on the active market on which the identical security is traded.

Corporate bonds – Corporate bonds are valued at the closing price reported in the active market in which the bond is traded.

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

6. Fair value measurements of investments (continued):

Registered investment companies – Valued at the net asset value per share as reported in the active markets on which the individual securities are traded. 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 registered investment companies.

Common/collective trusts – Valued based on discounted cash flow analysis employing yields currently available on comparable securities of issuers with similar credit ratings.

Partnership/joint venture interest – Valued based on prices received from an external manager or other pricing sources.

Alternative investments – Represents investments in hedge funds. Valued based on prices received from an external manager or other pricing sources.

Other – Represents foreign currencies, foreign future contracts, and foreign currency denominated short-term debt obligations. Valued at the closing price for similar assets or liabilities reported in the active markets in which these investments are traded. During 2011, the Plan reviewed and changed its valuation methodology for this class of assets from Level 1 to Level 2.

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.

The following tables set forth the fair value of the Master Trust's assets, by level, within ASC 820 fair value hierarchy, as of December 31, 2011 and 2010:

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

6. **Fair value measurements of investments** (continued):

	December 31, 2011 Fair Value Measurements Using:			
	Level 1	Level 2	Level 3	Total
Cash	\$ 16,388,333			\$ 16,388,333
Common stock	135,455,355			135,455,355
Common stock – Hubbell Incorporated	21,452,531			21,452,531
Preferred stock	164,370			164,370
Corporate bonds – preferred	36,065,380			36,065,380
Corporate bonds	52,675,632			52,675,632
U.S. Government securities	100,262,112			100,262,112
Registered investment companies	32,526,347			32,526,347
Common/collective trusts		\$37,992,720		37,992,720
Partnership/joint venture interests			\$ 54,377,435	54,377,435
Alternative investments and other		18,496,281	51,910,960	70,407,241
	<u>\$394,990,060</u>	<u>\$56,489,001</u>	<u>\$106,288,395</u>	<u>\$557,767,456</u>

	December 31, 2010 Fair Value Measurements Using:			
	Level 1	Level 2	Level 3	Total
Cash	\$ 28,590,934			\$ 28,590,934
Common stock	166,188,338			166,188,338
Common stock – Hubbell Incorporated	19,896,495			19,896,495
Preferred stock	261,521			261,521
Corporate bonds - preferred	26,475,583			26,475,583
Corporate bonds	39,005,335			39,005,335
U.S. Government securities	56,027,296			56,027,296
Registered investment companies	40,990,356			40,990,356
Common/collective trusts		\$ 44,882,196		44,882,196
Partnership/joint venture interests		99,412,606		99,412,606
Other	17,123,235			17,123,235
	<u>\$394,559,093</u>	<u>\$144,294,802</u>		<u>\$538,853,895</u>

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

6. Fair value measurements of investments (continued):

The following table provides a reconciliation of beginning and ending balances of assets measured at fair value on a recurring basis where the determination of fair value includes significant unobservable inputs (Level 3):

	Partnerships/ joint venture interests	Alternative investments
Balance at January 1, 2011	\$ 0	\$ 0
Purchases, sales and settlements, net	(45,035,171)	51,910,960
Change in Plan valuation methodology	<u>99,412,606</u>	<u> </u>
Balance at December 31, 2011	<u>\$54,377,435</u>	<u>\$51,910,960</u>

7. Accumulated Plan benefits:

The actuarial present value of accumulated Plan benefits, as presented below, is based upon an actuarial valuation made as of December 31, 2011 and 2010.

	<u>2011</u>	<u>2010</u>
Vested benefits:		
Participants currently receiving payments	\$21,867,800	\$19,226,400
Other participants	<u>14,270,500</u>	<u>12,856,300</u>
Total vested benefits	36,138,300	32,082,700
Nonvested benefits	<u>297,000</u>	<u>267,600</u>
Total actuarial present value of accumulated Plan benefits	<u>\$36,435,300</u>	<u>\$32,350,300</u>

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

7. **Accumulated Plan benefits** (continued):

The actuarial present value of accumulated plan benefits at December 31, 2011 and 2010 increased by \$4,085,000 and \$1,309,300, respectively, from such benefits at the beginning of the year as follows:

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated Plan benefits at January 1,	<u>\$32,350,300</u>	<u>\$31,041,000</u>
Increase (decrease) during the year attributable to:		
Change in actuarial assumptions	3,696,600	1,990,000
Benefits accumulated and Plan experience	928,200	(185,400)
Interest attributable to decrease in discount period	1,686,800	1,793,800
Benefits paid	(2,226,600)	(2,289,100)
Net increase	<u>4,085,000</u>	<u>1,309,300</u>
Actuarial present value of accumulated Plan benefits at December 31,	<u>\$36,435,300</u>	<u>\$32,350,300</u>

8. **Summary of financial data certified by the Plan Trustee:**

The following is a summary of the financial information and data certified by the Trustee in accordance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

8. **Summary of financial data certified by the Plan Trustee** (continued):

The following represents information relating to the Master Trust:

HUBBELL INCORPORATED
MASTER PENSION TRUST

STATEMENTS OF NET ASSETS

	December 31,	
	<u>2011</u>	<u>2010</u>
Accrued income receivable	\$ 3,410,858	\$ 2,548,557
Investments at fair value:		
Cash	16,388,333	28,590,934
Common stock	135,455,355	166,188,338
Common stock - Hubbell Incorporated	21,452,531	19,896,495
Preferred stock	164,370	261,521
Corporate bonds - preferred	36,065,380	26,475,583
Corporate bonds	52,675,632	39,005,335
U.S. Government securities	100,262,112	56,027,296
Registered investment companies	32,526,347	40,990,356
Common/collective trusts	37,992,720	44,882,196
Partnership/joint venture interests	54,377,435	99,412,606
Alternative investments and other	<u>70,407,241</u>	<u>17,123,235</u>
	<u>\$561,178,314</u>	<u>\$541,402,452</u>

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

8. **Summary of financial data certified by the Plan Trustee** (continued):

HUBBELL INCORPORATED
MASTER PENSION TRUST

**STATEMENTS OF INCOME, EXPENSES
AND CHANGES IN NET ASSETS**

	<u>2011</u>	<u>2010</u>
Net assets at beginning of year	<u>\$541,402,452</u>	<u>\$496,149,406</u>
Additions:		
Dividend income	5,332,185	3,782,736
Interest income	7,481,941	8,987,983
Contributions	20,000,000	20,000,000
Other investment income	<u>209,954</u>	<u>86,362</u>
	<u>33,024,080</u>	<u>32,857,081</u>
Net unrealized appreciation (depreciation):		
Common stock	(5,329,143)	14,168,074
Preferred stock	(21,778)	84,878
Corporate bonds	5,623,748	(251,353)
U.S. Government securities	13,974,540	1,835,911
Registered investment companies	(6,256,221)	5,716,219
Partnership/joint venture interests	2,671,322	5,672,342
Alternative investments and other	<u>1,927,833</u>	<u>1,898,098</u>
	<u>12,590,301</u>	<u>29,124,169</u>
Realized gain (loss):		
Common stock	(897,773)	923,051
Preferred stock	64,362	(85,169)
Corporate bonds	(208,725)	4,213,607
U.S. Government securities	3,812,623	(335,849)
Registered investment companies	376,666	1,311,587
Partnership/joint venture interests	(767,499)	127,311
Alternative investments and other	<u>2,044,836</u>	<u>5,524,308</u>
	<u>4,424,490</u>	<u>11,678,846</u>
Total additions	<u>50,038,871</u>	<u>73,660,096</u>
Deductions:		
Benefit payments	26,245,538	25,837,499
Investment and other expenses	<u>4,017,471</u>	<u>2,569,551</u>
Total deductions	<u>30,263,009</u>	<u>28,407,050</u>
Net assets available at end of year	<u>\$561,178,314</u>	<u>\$541,402,452</u>

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

9. Federal income taxes:

The Internal Revenue Service has previously ruled that the Plan and the Master Trust meet the requirements of Section 401(a) of the Internal Revenue Code (the “Code”) and that the Master Trust is exempt from federal income taxes under Section 501(a) of the Code. Accordingly, no provision has been made for U.S. income taxes. The Plan has been amended since receiving their determination letter. However, the Plan administrator and the Plan’s tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Under present federal income tax laws and regulations, a participant will not be subject to federal income taxes on the contributions by their employer, or on the interest, dividends or profits on the sale of securities received by the Trustee until the participant’s benefits commence.

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2008.

10. Risks 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 the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

11. Related party transactions:

Certain Plan investments in the Master Trust are shares of Hubbell Incorporated common stock. The Trust held 212,264 shares of Class A shares at December 31, 2011 and 2010, valued at \$12,699,755 and \$12,024,756, respectively. The Trust held 130,912 shares of Class B shares at December 31, 2011 and 2010, valued at \$8,752,776 and \$7,871,739, respectively. These investments qualify as party-in-interest transactions which are exempt from prohibited transaction rules under ERISA.

HUBBELL INCORPORATED
RETIREMENT PLAN FOR HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2011 and 2010

11. **Related party transactions** (continued):

Fees paid by the Plan to The Northern Trust Company, the trustee of the Plan, for services provided were \$31,700 and \$30,600 in 2011 and 2010, respectively.

12. **Subsequent events:**

Plan management has evaluated subsequent events through October 12, 2012, the date which the financial statements were available for issue.

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2011</div> This Form is Open to Public Inspection
---	---	--

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning

and ending

- 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

1 a Name of plan HUBBELL INCORPORATED RETIREMENT PLAN FOR HOURLY EMPLOYEES	<table style="width: 100%;"> <tr> <td style="width: 70%;">1 b Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">021</td> </tr> </table>	1 b Three-digit plan number (PN) ►	021						
1 b Three-digit plan number (PN) ►	021								
2 a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) HUBBELL INC. & SUBSIDIARIES 40 WATERVIEW DRIVE P.O. BOX 1000 SHELTON CT 06484-1000	<table style="width: 100%;"> <tr> <td style="width: 70%;">1 c Effective date of plan</td> <td style="width: 30%; text-align: center;">12/01/1972</td> </tr> <tr> <td>2 b Employer Identification Number (EIN)</td> <td style="text-align: center;">06-0397030</td> </tr> <tr> <td>2 c Sponsor's telephone number</td> <td style="text-align: center;">475-882-4000</td> </tr> <tr> <td>2 d Business code (see instructions)</td> <td style="text-align: center;">335900</td> </tr> </table>	1 c Effective date of plan	12/01/1972	2 b Employer Identification Number (EIN)	06-0397030	2 c Sponsor's telephone number	475-882-4000	2 d Business code (see instructions)	335900
1 c Effective date of plan	12/01/1972								
2 b Employer Identification Number (EIN)	06-0397030								
2 c Sponsor's telephone number	475-882-4000								
2 d Business code (see instructions)	335900								

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		10-11-12	JAMES H. BIGGART, TREASURER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-11-12	JAMES H. BIGGART, TREASURER
	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 (2011)
v.012611

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

3b Administrator's EIN

3c Administrator's telephone number

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

2071

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

306

b Retired or separated participants receiving benefits

6b

851

c Other retired or separated participants entitled to future benefits

6c

738

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

6d

1895

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

6e

136

f Total. Add lines 6d and 6e

6f

2031

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

6g

0

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:
1B 1G

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 SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2011

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25					1															
25 - 29			1		1															
30 - 34					7		8													
35 - 39			1		5		23		5		1									
40 - 44			2		2		24		5		2									
45 - 49			4		12		21		9		6		1		2					
50 - 54			2		8		22		7		7		4		9					
55 - 59			2		9		28		2		6		5		9		1		1	
60 - 64			1		5		19		6		3		3		2		4		4	
65 - 69			1		3		1		2						1					
70 & Over							3													

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
 EIN / PN: 06-0397030 / 021
 Plan Sponsor: Hubbell Incorporated
 Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Plan sponsor Hubbell Incorporated

EIN/PN 06-0397030/021

Discount rates:

Current plan year PPA effective interest rate 6.21%

Prior plan year PPA effective interest rate 6.63%

3-Segment rates:

Applicable month September

Transition election No

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
EIN / PN: 06-0397030 / 021
Plan Sponsor: Hubbell Incorporated
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related expenses The amount included this year for plan-related expenses is \$115,000.

Mortality

For non-disabled participants The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

For disabled participants Mortality in accordance with Revenue Ruling 96-7.

Representative termination rates (per 100 employees) A moderate rate of turnover was assumed as shown in the table below for quinquennial ages:

Assumed Rate of Turnover Per 100 Employees		
Age	Males	Females
20	15.0	25.0
25	10.0	17.0
30	7.0	11.0
35	5.0	7.6
40	3.0	5.4
45	2.0	3.4
50	1.0	2.2

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
EIN / PN: 06-0397030 / 021
Plan Sponsor: Hubbell Incorporated
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Age	Assumed Rate of Retirement Per 100 Employees
55	2%
56	4%
57	6%
58	8%
59	10%
60	12%
61	15%
62 - 64	20%
65 - 66	15%
67	10%
68 - 69	5%
70	100%

Future increases in Social Security

Not applicable.

Future increases in maximum benefits and plan compensation limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
EIN / PN: 06-0397030 / 021
Plan Sponsor: Hubbell Incorporated
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Methods

Asset method

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.82%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.82%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.69%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.69%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.4. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2011 is used to determine the maximum deductible contribution for the tax year ending December 31, 2011.

Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to be

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
EIN / PN: 06-0397030 / 021
Plan Sponsor: Hubbell Incorporated
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

consistent with the instructions for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favourable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Changes in Assumptions and Methods

The Effective Interest rate assumption has changed from 6.63% last year to 6.21% this year.

The amount included this year for plan-related expenses changed from \$140,000 to \$115,000.

Plan Name:	Hubbell Incorporated Retirement Plan for Hourly Employees
EIN / PN:	06-0397030 / 021
Plan Sponsor:	Hubbell Incorporated
Valuation Date:	January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Hubbell Incorporated
EIN/PN	06-0397030/021
Plan Name	Hubbell Incorporated Retirement Plan for Hourly Employees
Valuation Date	January 1, 2011
Enrolled Actuary	Steven James
Enrollment Number	11-06406

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

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

Plan Name:	Hubbell Incorporated Retirement Plan for Hourly Employees
EIN / PN:	06-0397030 / 021
Plan Sponsor:	Hubbell Incorporated
Valuation Date:	January 1, 2011

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		

▶ Round off amounts to nearest dollar.

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

A Name of plan Hubbell Incorporated Retirement Plan for Hourly Employees	B Three-digit plan number (PN) <u>021</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hubbell Incorporated	D Employer Identification Number (EIN) 06-0397030
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a		35,962,988
b Actuarial value	2b		33,741,368
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	966	18,522,285
b For terminated vested participants	3b	782	7,747,703
c For active participants:			
(1) Non-vested benefits	3c(1)		216,732
(2) Vested benefits	3c(2)		3,300,280
(3) Total active	3c(3)	323	3,517,012
d Total	3d	2,071	29,787,000
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.21 %	
6 Target normal cost	6	252,515	

Statement by Enrolled Actuary

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

SIGN HERE	<div style="text-align: center;">  Signature of actuary </div> <div style="text-align: center;"> Steven James Type or print name of actuary Towers Watson Delaware Inc. Firm name One Stamford Plaza 263 Tresser Blvd Stamford CT 06901 Address of the firm </div>	<div style="text-align: center;"> <u>10/5/2012</u> Date 11-06406 Most recent enrollment number (203) 326-5400 Telephone number (including area code) </div>
----------------------	---	--

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	7,219,171	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	282,630	0
9 Amount remaining (line 7 minus line 8).....	6,936,541	0
10 Interest on line 9 using prior year's actual return of <u>10.68</u> %.....	740,823	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.63</u> % except as otherwise provided (see instructions).....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	7,677,364	0

Part III Funding percentages		
14 Funding target attainment percentage	14	87.50 %
15 Adjusted funding target attainment percentage	15	113.27 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	122.33 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals •			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	252,515	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment		0	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	252,515	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	252,515	0	252,515
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions	
Plan sponsor	Hubbell Incorporated
Plan	Hubbell Incorporated Retirement Plan for Hourly Employees
Effective date	December 1, 1972, as amended through January 1, 2011.
Eligibility for Benefits	
Eligibility	All regular full-time and part-time hourly employees hired by December 31, 2003 not covered by a union plan, upon date of hire. Employees at Prescolite-Moldcast Carrollton and El Dorado hired by December 31, 2003 become eligible after one year of service, and employees at Progress Spartanburg become eligible after attainment of age 21 and completion of one year of Credited Service, or December 31, 2003 if earlier.
Retirement Dates	
Normal	Age 65 and 5 years of participation. If earlier for Progress Spartanburg: age 62 with 30 years of vesting service.
Early	Age 55 and 10 years of service (15 years for Prescolite-Moldcast Carrollton and El Dorado employees).
Disability	Six months following total and permanent disablement, if disabled after 15 years of service. (8 years for Progress Spartanburg and immediate eligibility for Prescolite-Moldcast Carrollton and El Dorado).

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
EIN / PN: 06-0397030 / 021
Plan Sponsor: Hubbell Incorporated
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Retirement Benefits

Normal

(a) For Archdale Division \$5.00 per month for each year of service after February 1, 1995.

(b) For Corporate Office

Average Salary at Retirement		Basic Monthly Pension for Each Year of Service
Hourly Rate	Monthly Rate	
0 - 4.24	0 - 738	9.50*
4.25 - 4.49	739 - 782	9.95
4.50 - 4.74	783 - 825	10.40
4.75 - 4.99	826 - 869	10.85
5.00 - 5.24	870 - 912	11.30
5.25 - 5.49	913 - 956	11.75
5.50 - 5.74	957 - 999	12.20
5.75 - 5.99	1,000 - 1,043	12.65
6.00 - 6.49	1,044 - 1,130	13.50
6.50 - 6.99	1,131 - 1,217	14.00
7.00 - 7.49	1,218 - 1,304	14.50
7.50 - 7.99	1,305 - 1,391	15.00
8.00 - 8.49	1,392 - 1,478	15.50
8.50 & Over	1,479 & Over	16.00

* Includes medical supplement.

(c) For Dallas Warehouse Division \$10.00 per month for each year of service after December 31, 2000.

(d) For Kellems Division

Average Salary at Retirement		Basic Monthly Pension for Each Year of Service
Hourly Rate	Monthly Rate	
0 - 7.99	0 - 1,391	13.00*
8.00 - 9.99	1,392 - 1,739	14.00
10.00 & over	1,740 & over	15.00

* Includes medical supplement.

(e) For Lighting Division (Moultrie) \$10.00 per month for each year of service before 04/01/1999, \$11.00 per month for each year of service between 04/01/1999 and 04/01/2001, and \$12.00 per month for each year of service after 03/31/2001. Service prior to 07/26/72 is excluded for former

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
 EIN / PN: 06-0397030 / 021
 Plan Sponsor: Hubbell Incorporated
 Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

employees of Southern Industrial Diecasting Co.

- (f) For Louisiana Division \$120 per year for each year of credited service on and after January 1, 1989, and \$72 per year for each year of credited service before January 1, 1989.
- (g) For MidAtlantic Division \$5.00 per month for each year of service from January 1, 1995 to December 31, 2000; \$10 per month for each year of service after December 31, 2000.

- (h) For Plastics Division

Average Salary at Retirement		Basic Monthly Pension for Each Year of Service
Hourly Rate	Monthly Rate	
0 - 7.99	0 - 1,391	13.00*
8.00 - 9.99	1,392 - 1,566	14.00
9.00 - 9.99	1,567 - 1,739	15.00
10.00 & Over	1,740 & Over	16.00

* Includes medical supplement.

- (i) For Premise, North Carolina Division \$5.00 per month for each year of service after December 31, 1991.
- (j) For Prescolite – Moldcast El Dorado Participants The monthly amount of pension payable at Normal Retirement Date is the following multipliers in effect at termination multiplied by Credited Service:

Benefit Multiplier	Effective Date
\$15.00	01/01/1970
\$16.00	05/01/1997
\$17.00	05/01/2001

- (k) For Progress Spartanburg The monthly amount of pension payable at Normal Retirement Date is the multiplier in effect at termination multiplied by Credited Service:

Benefit Multiplier	Period
\$5.00	01/01/1985
\$7.00	01/01/1989
\$10.00	01/01/1992

- (l) For Pulse Communications Division \$6.25 per month for each year of service before January 1, 1997, and \$17.50 per month for each years of service after January 1, 1997, provided that this amount is not less than \$759 with respect to

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
 EIN / PN: 06-0397030 / 021
 Plan Sponsor: Hubbell Incorporated
 Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

a Participant who has completed 10 or more years of Credited Service. These amounts include the medical supplement.

(m) For Wiring Device
Division - Bridgeport

Average Salary at Retirement		Basic Monthly Pension for Each Year of Service
Hourly Rate	Monthly Rate	
0 - 9.99	0 - 1,739	16.00*
10.00 - 10.99	1,740 - 1,913	16.50
11.00 - 11.99	1,914 - 2,087	17.00
12.00 - 12.99	2,088 - 2,261	17.50
13.00 & Over	2,262 & Over	18.00

* Includes medical supplement.

Early

Computed as in "Normal" above, based on Credited Service and Compensation to date of retirement with such benefit reduced by .6% (.4% for the Wiring Division – Bridgeport) and actuarial equivalent for the Archdale, Dallas Warehouse MidAtlantic, and Premise Divisions, for each month early retirement precedes normal retirement date, provided that no reduction be greater than the actuarial equivalent. The reduction for employees at Prescolite-Moldcast Carrollton and El Dorado and Progress Spartanburg is 0.555% for each of the first 60 full months and .278% for each additional full month that the Early Retirement Date precedes the Normal Retirement Date.

Late

Computed as in "Normal" above based on service and compensation to actual retirement date.

Disability

Computed as in "Normal" above based on projected service and compensation to normal retirement date, payable immediately. Participants of the Archdale, Bryant, Dallas Warehouse, Louisiana, MidAtlantic, Premise, Prescolite-Moldcast Carrollton and El Dorado and Progress Spartanburg Divisions receive a benefit based on accrued service and compensation. The benefit for employees at Prescolite-Moldcast Carrollton and El Dorado is payable at age 65.

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
EIN / PN: 06-0397030 / 021
Plan Sponsor: Hubbell Incorporated
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Benefit increase for retirees

Benefits were increased effective January 1, 1985 depending on date of initial benefit commencement, as follows:

Year of Commencement	Increase
Before 1979	16%
1979 - 1990	12%
1981	6%
1982	3%

Death Benefits

Pre-Retirement

In the event of death of a vested employee prior to retirement, his surviving spouse will be entitled to 50% of the benefit payable to the participant if he had terminated employment on the day before death if active, retired at the earliest possible date under a 50% Joint and Survivor Option, and then died on the following day.

Post-Retirement

Unless a married participant elects otherwise, the normal form of benefit is a joint and 50% survivor annuity, actuarially reduced. Other benefits are based on elected options at retirement.

In addition, the following lump sum benefits are payable upon death of a retiree whose benefits commenced immediately after termination of employment after June 30, 2005.

Division	Lump Sum Benefit
Progress Spartanburg	\$2,500
All Others	\$2,000

The lump sum death benefits for employees who retired directly from active service prior to July 1, 2005 are as follows:

Division	Lump Sum Benefit
Bridgeport	\$2,000
Corporate	\$2,000
Kellems	\$2,000
Moultrie	\$1,000
Plastics	\$2,000
Progress Spartanburg	\$2,500

Employee contributions

None.

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
EIN/ PN: 06-0397030 / 021
Plan Sponsor: Hubbell Incorporated
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Credited service

All service. For the Premise Division, service on or after January 1, 1992.

For the Archdale, MidAtlantic, and Dallas Warehouse Divisions, service on or after February 1, 1995, January 1, 1995, and January 1, 2001, respectively.

For Prescolite-Moldcast Carrollton and El Dorado, effective after 1994, one year of Credited Service is accrued for at least 1,600 hours of service in a calendar year, with a partial year of Credited Service earned for at least 1,000 hours. Credited Service prior to 1994 was determined under the prior plan.

Termination

Upon termination of employment after 5 years or more years of service, an employee will be entitled to a deferred benefit determined under the Retirement Benefits section above, payable in full after age 65 or, if he has at least 10 years of service (15 years for Prescolite-Moldcast Carrollton and El Dorado), payable after age 55 in an actuarially reduced amount. The reduction for Prescolite-Moldcast Carrollton and El Dorado and Progress Spartanburg is 0.555% for each of the first 60 full months and .278% for each additional full month that the Early Retirement Date precedes the Normal Retirement Date.

Average salary

Based on average rate in final three quarters worked.

Transitional supplement

Effective in 1991 for divisions listed below, \$100 is payable monthly to age 65 to active employees who retire in the first year and \$50 is payable monthly to active employees who retire in the second year of the program. Eligibility is based on the Rule of 80.

Division	Lump Sum Benefit
Corporate	04/01/1991
Kellems	03/01/1991
Plastics	03/01/1991
Wiring Device	03/01/1991

Effective August 1, 1991 for active employees who retire prior to 1996 from the Moultrie Division, \$200 is payable monthly to age 65 and \$60 is payable monthly for the remainder of their life. Eligibility is based on the Rule of 70 as of August 1, 1991.

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
EIN / PN: 06-0397030 / 021
Plan Sponsor: Hubbell Incorporated
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
EIN / PN: 06-0397030 / 021
Plan Sponsor: Hubbell Incorporated
Valuation Date: January 1, 2011

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 24 Change in Actuarial Assumptions

- ⦿ The amount included this year for plan-related expenses was changed from \$140,000 to \$115,000.

Plan Name:	Hubbell Incorporated Retirement Plan for Hourly Employees
EIN / PN:	06-0397030 / 021
Plan Sponsor:	Hubbell Incorporated
Valuation Date:	January 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2011

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

Age	Rate of Retirement Independent	Rate of Retirement Dependent	Weighted Age
55	2.00%	2.00%	1.1
56	4.00%	3.92%	2.2
57	6.00%	5.64%	3.2
58	8.00%	7.07%	4.1
59	10.00%	8.14%	4.8
60	12.00%	8.79%	5.3
61	15.00%	9.67%	5.9
62	20.00%	10.95%	6.8
63	20.00%	8.76%	5.5
64	20.00%	7.01%	4.5
65	15.00%	4.21%	2.7
66	15.00%	3.58%	2.4
67	10.00%	2.03%	1.4
68	5.00%	0.91%	0.6
69	5.00%	0.87%	0.6
70	100.00%	16.46%	11.5
Average age at retirement			62.6
Nearest whole age			63.0

Plan Name: Hubbell Incorporated Retirement Plan for Hourly Employees
EIN / PN: 06-0397030 / 021
Plan Sponsor: Hubbell Incorporated
Valuation Date: January 1, 2011