

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
		2014
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>LEGRAND NORTH AMERICA RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>12/15/1941</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE WIREMOLD COMPANY</u> <u>60 WOODLAWN STREET</u> <u>WEST HARTFORD, CT 06110</u>	2b Employer Identification Number (EIN) <u>06-0593670</u> 2c Plan Sponsor's telephone number <u>860-233-6251</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2015</u>	<u>MARTHA MARTYNSKI</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE WIREMOLD COMPANY THE WIREMOLD COMPANY 60 WOODLAWN STREET WEST HARTFORD, CT 06110	3b Administrator's EIN 06-0593670 3c Administrator's telephone number 860-233-6251
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 1438
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 295
a(2) Total number of active participants at the end of the plan year	6a(2) 278
b Retired or separated participants receiving benefits	6b 635
c Other retired or separated participants entitled to future benefits.....	6c 373
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1286
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 114
f Total. Add lines 6d and 6e	6f 1400
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 1
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 Characteristics Codes in the instructions: 1C 1A 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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) ☒ <u>3</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan LEGRAND NORTH AMERICA RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WIREMOLD COMPANY	D Employer Identification Number (EIN) 06-0593670	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	IN-17114	1400	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	1142553
5 Current value of plan's interest under this contract in separate accounts at year end	5	52131799

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED INVESTMENT CONTRACT**

b Balance at the end of the previous year.....	7b	1089932
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c Additions: (1) Contributions deposited during the year	7c(1)	4000000	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	40434	
(4) Transferred from separate account.....	7c(4)	670000	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions.....	7c(6)	4710434
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d Total of balance and additions (add lines 7b and 7c(6))	7d	5800366
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4648148	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)	9665	
▶ ELECTIVE SERVICE CHARGE PYMT OF PLAN EXP-PAID BY PRU REIMB OF PLAN EXP-PAID BY PRU			

(5) Total deductions.....	7e(5)	4657813
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1142553
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan LEGRAND NORTH AMERICA RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WIREMOLD COMPANY	D Employer Identification Number (EIN) 06-0593670

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030197	1400	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	7690134

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan LEGRAND NORTH AMERICA RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WIREMOLD COMPANY	D Employer Identification Number (EIN) 06-0593670	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	IN-017114	1400	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	21213
5 Current value of plan's interest under this contract in separate accounts at year end	5	866701

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	27004
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	862	
(4) Transferred from separate account	7c(4)	70000	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions

7c(6) 70862

d Total of balance and additions (add lines 7b and 7c(6))	7d	97866
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	76054
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	599

▶ ELECTIVE SERVICE CHARGE

(5) Total deductions

7e(5) 76653

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	21213
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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 LEGRAND NORTH AMERICA RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE WIREMOLD COMPANY		D Employer Identification Number (EIN) 06-0593670	
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 01 Day 01 Year 2014			
2 Assets:			
a Market value	2a	79434365	
b Actuarial value	2b	73315036	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	773	39116001	39116001
b For terminated vested participants.....	400	8269240	8269240
c For active participants.....	295	19196113	19694501
d Total.....	1468	66581354	67079742
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	6.48%	
6 Target normal cost	6	775092	

Statement by Enrolled Actuary

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

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>RICHARD S. SYCH</div> <div>Type or print name of actuary</div> <div>HOOKER & HOLCOMBE, INC.</div> <div>Firm name</div> <div>65 LASALLE RD WEST HARTFORD, CT 06107-2397</div> <div>Address of the firm</div>	<div>08/18/2015</div> <div>Date</div> <div>14-05065</div> <div>Most recent enrollment number</div> <div>860-521-8400</div> <div>Telephone number (including area code)</div>
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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)	5561378	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	5561378	0
10 Interest on line 9 using prior year's actual return of <u>17.90</u> %	995487	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1295900
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.30</u> %		81642
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		1377542
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)	6556865	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	99.52 %
15 Adjusted funding target attainment percentage	15	109.29 %
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	98.99 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2014	1000000				
07/11/2014	1000000				
10/09/2014	1000000				
01/12/2015	1000000				
			Totals ►	18(b)	4000000
				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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3840803
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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 subject to 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	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
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	775092	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	4668684	1779220	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	2554312	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	2554312	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	3840803	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1286491	
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 an election was made to use PRA 2010 funding relief for this plan:			
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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan LEGRAND NORTH AMERICA RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WIREMOLD COMPANY	D Employer Identification Number (EIN) 06-0593670	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

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

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

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

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	10264	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COHNREZNICK LLP

22-1478099

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

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

FIDUCIARY INV ADV

20-4751585

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	25139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PRUDENTIAL INSURANCE CO.

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	64427	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>LEGRAND NORTH AMERICA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE WIREMOLD COMPANY</u>	D Employer Identification Number (EIN) <u>06-0593670</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CIGNA OPEN-END REAL ESTATE</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-176</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>233</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND ENHANCED INDEX/PIM</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-036</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8280696</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE PLUS BOND/PIM FUND</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-299</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRYDEN S&P 500 INDEX</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-123</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10865401</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL BLEND/LAZARD</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-719</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2776290</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GROWTH/MFS FUND</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-350</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8542169</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE/LSV ASSET MGMT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>			
c EIN-PN <u>06-1050034-318</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9005345</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA**b** Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO

c EIN-PN 22-1211670-038	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7690134
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIVATE PLACEMENT FUND**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-042	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3989937
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH/TIMESSQUARE**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3154821
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE/KENNEDY CAPITAL**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-257	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3381104
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTL INDEX SEC LNDG S**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-045	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3002505
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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)
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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)
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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)
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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)
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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)
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>LEGRAND NORTH AMERICA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE WIREMOLD COMPANY</u>	D Employer Identification Number (EIN) <u>06-0593670</u>	

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)	1000000	1000000
(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)	73323851	60688636
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3988238	20453570
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1116936	1163765
(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	79429025	83305971

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	79429025	83305971
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4000000	
(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)		4000000
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)	1454050	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1454050
(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)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		3456494
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-276081
c Other income.....	2c		41296
d Total income. Add all income amounts in column (b) and enter total.....	2d		8675759

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4724122	
(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)		4724122
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)	74691	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		74691
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4798813

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3876946
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: COHNREZNICK LLP

(2) EIN: 22-1478099

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- 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.).....
- 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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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		
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>LEGRAND NORTH AMERICA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE WIREMOLD COMPANY</u>	D Employer Identification Number (EIN) <u>06-0593670</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</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>6</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)
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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		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure 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
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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
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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.
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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 lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

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

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

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

Stock: 65% Investment-Grade Debt: 34% High-Yield Debt: _____% Real Estate: _____% Other: 1%

- 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 line 19(b)?

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

Independent Auditor's Report

To the Plan Administrator
Legrand North America Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Legrand North America Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2013, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Prudential Retirement Insurance and Annuity Company and Prudential Insurance Company of America, the custodians, and Prudential Bank & Trust, FSB, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodians and trustee hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians and trustee as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the Plan administrator by the custodians and trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Reportable Transactions (Schedule H, Line 4j) and Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of or for the year ended December 31, 2014 are required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians and trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

CohnReznick LLP

Hartford, Connecticut
October 7, 2015

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

► **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 LEGRAND NORTH AMERICA RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE WIREMOLD COMPANY	D Employer Identification Number (EIN) 06-0593670	
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>2014</u>		
2	Assets:		
	a Market value	2a	79434365
	b Actuarial value	2b	73315036
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	773	39116001
	b For terminated vested participants.....	400	8269240
	c For active participants.....	295	19196113
	d Total.....	1468	66581354
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	6.48%
6	Target normal cost.....	6	775092

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	 Signature of actuary	<u>8/18/2015</u> Date 1405065
	RICHARD S. SYCH Type or print name of actuary HOOKER & HOLCOMBE, INC. Firm name	Most recent enrollment number 860-521-8400 Telephone number (including area code)
	65 LASALLE RD WEST HARTFORD CT 06107-2397 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) 2014
v. 140124

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ 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 subject to 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	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
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	775092
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		4668684	1779220
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	2554312
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	2554312
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	3840803
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	1286491
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 an election was made to use PRA 2010 funding relief for this plan:			
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	

**Attachment to 2014 Form 5500 Schedule SB
Line 22 --Weighted Average Retirement Age**

Plan Name Legrand North America Retirement Plan
Sponsor's EIN 06-0593670
Plan No. 001

Calculation of Weighted Average Retirement Age
(ignoring other sources of terminations)

			(a)	(b)
Age	Rates of Retirement	Lives	Retirements	Retirements x Age
55	0.0200	1,000	20	1,100
56	0.0200	980	20	1,098
57	0.0200	960	19	1,095
58	0.0200	941	19	1,092
59	0.0200	922	18	1,088
60	0.0500	904	45	2,712
61	0.0500	859	43	2,619
62	0.3000	816	245	15,174
63	0.0500	571	29	1,799
64	0.0500	542	27	1,736
65	1.0000	515	515	33,499
66	-	-	-	-
67	-	-	-	-
68	-	-	-	-
69	-	-	-	-
70	-	-	-	-
Total			1,000	63,011

Weighted Average Retirement Age: (b) / (a) = 63

Attachment to Schedule SB (2014 Form 5500)
Line 26 - Schedule of Active Participant Data

Legrand north America Retirement Plan
EIN: 06-0593670 PN: 001

Attained Age	Completed 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 and 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																				
25 to 29					2															
30 to 34	3		2		6				1											
35 to 39	1		4		9		6													
40 to 44	1		6		11		12		3		1									
45 to 49			9		10		7		5				3							
50 to 54	2		10		6		10		14		5		11		8		1			
55 to 59			6		12		7		8		7		10		10		6			
60 to 64			1		11		5		8		4		6		4		3		6	
65 to 69	1		1		2		1		2		1								1	
70 & over			1										1						1	

**Shortfall Amortization Charge
(continued)**

Schedule SB, line 32 – Schedule of Amortizations Bases				
Date Established	Type of Base	Amortization Installment	Years Remaining	Present Value of Remaining Installments as of 1/1/2014
1. 1/1/2008	Shortfall	\$0	1	\$0
2. 1/1/2009	Shortfall	0	2	0
3. 1/1/2010	Shortfall	1,855,104	3	5,304,993
4. 1/1/2011	Shortfall	652,062	4	2,428,121
5. 1/1/2012	Shortfall	(1,061,301)	5	(4,825,496)
6. 1/1/2013	Shortfall	333,355	6	1,761,066
7. 1/1/2014	Shortfall	0	7	0
Total		1,779,220		4,668,684

Description of Actuarial Methods and Assumptions

Actuarial Methods

Asset Valuation Method

The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 430 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. This was first used for the 2009 valuation.

Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

Maximum Liability: Projected Unit Credit Actuarial Cost Method. The allocation of projected benefits between past years and future years is in proportion to the applicable rates of benefit accrual under the Plan.

Actuarial Assumptions

Changes in Actuarial Assumptions as of January 1, 2014

The valuation reflects the application of the current HATFA corridor in the determination of the interest rates used for developing the Plan's minimum required contribution and AFTAP (for benefit restriction purposes) as required by law. The interest rate assumptions used before and after the adjustments are more fully described in the next section.

The valuation also reflects a change in mortality from the IRS prescribed static table to the IRS prescribed generational table.

Description of Actuarial Assumptions

Interest rates

Valuation

The Plan Sponsor has made the following elections:

For 2013

- Not to reflect HATFA

Segment rates for the 4th month preceding the Valuation Date (i.e., September). The rates are shown below.

Segment	2014		2013		
	Before Adjustment	After Adjustment	Before Adjustment	After Adjustment	
		HATFA		HATFA	MAP-21
1 st	1.37%	4.99%	1.75%	5.23%	4.94%
2 nd	4.05%	6.32%	4.62%	6.51%	6.15%
3 rd	5.06%	6.99%	5.72%	7.16%	6.76%

The rates before adjustment are the standard 24-month segment rates determined under the pre-MAP-21 and pre-HATFA law. They are used in the determination of the Plan's maximum tax deductible contribution.

The rates after adjustment reflect the application of the applicable corridor around the 25-year average rates. They are used in the determination of the Plan's minimum required contribution and AFTAP for benefit restriction purposes as follows:

Applicable Rates	2014	2013
Minimum funding	HATFA	MAP-21
Benefit restrictions	HATFA	MAP-21

PBGC premium

Current Valuation: PBGC spot segment rates for the month preceding the premium payment year. The rates are shown below:

1 st segment	1.25%
2 nd segment	4.57%
3 rd segment	5.60%

Prior Valuation: Valuation basis, before adjustment.

Actuarial Methods and Assumptions
continued

Expected Return for Asset Smoothing

Year	Assumption	Not to Exceed
2014	7.50%	6.99%
2013	8.00%	6.76%
2012	8.00%	7.52%
2011	8.00%	6.57%

Interest credits

5% per year.

Salary increases (Non-Union only)

For determination of benefits

4.25% per year, subject to IRC Sec. 401(a)(17) limitation.

For determination of present value of future salary

4.25% per year.

Increases in dollar limit
on benefits under IRC Sec. 415

As required by law, no increases are assumed.

Increases in salary limit
under IRC Sec. 401(a)(17)

As required by law, no increases are assumed.

Entry date

Valuation date anniversary coincident with or next following completion of eligibility requirements (determined as if Plan had always been in effect).

Rates of retirement

Non-Union:

Age	Percent assumed to retire
55-59	2%
60-61	5
62	30
63-64	5
65+	100

The earliest retirement age is the greatest of age 55, completion of 5 years of service, and age on valuation date plus one year.

Union: 100% at greater of age 63, or age on valuation date plus one year.

For terminated vested participants, retirement is assumed at the later of age 65 and age on valuation date plus one year.

Mortality	RP-2000 Mortality Table with separate male and female rates, with no collar adjustment, separate tables for non-annuitants and annuitants, projected to the valuation date with Scale AA.																		
Mortality Improvement	<p>Current Valuation: Projected to date of decrement using Scale AA (generational mortality).</p> <p>Prior Valuation: Projected using Scale AA for 15 years after the valuation date for actives and 7 years for annuitants.</p>																		
Termination prior to retirement	<table border="0"> <tr> <td>Sample male rates:</td><td>Sample female rates:</td></tr> <tr> <td><u>Age</u> <u>Rate</u></td><td><u>Age</u> <u>Rate</u></td></tr> <tr> <td>20 10%</td><td>20 15%</td></tr> <tr> <td>25 10</td><td>25 15</td></tr> <tr> <td>30 7½</td><td>30 10</td></tr> <tr> <td>35 5</td><td>35 7½</td></tr> <tr> <td>40 3</td><td>40 5</td></tr> <tr> <td>45 1½</td><td>45 2½</td></tr> <tr> <td>50 0</td><td>50 0</td></tr> </table>	Sample male rates:	Sample female rates:	<u>Age</u> <u>Rate</u>	<u>Age</u> <u>Rate</u>	20 10%	20 15%	25 10	25 15	30 7½	30 10	35 5	35 7½	40 3	40 5	45 1½	45 2½	50 0	50 0
Sample male rates:	Sample female rates:																		
<u>Age</u> <u>Rate</u>	<u>Age</u> <u>Rate</u>																		
20 10%	20 15%																		
25 10	25 15																		
30 7½	30 10																		
35 5	35 7½																		
40 3	40 5																		
45 1½	45 2½																		
50 0	50 0																		
Disability prior to retirement (Union only)	<table border="0"> <tr> <td>Sample male rates:</td><td>Sample female rates:</td></tr> <tr> <td><u>Age</u> <u>Rate</u></td><td><u>Age</u> <u>Rate</u></td></tr> <tr> <td>20 .151%</td><td>20 .099%</td></tr> <tr> <td>25 .219</td><td>25 .150</td></tr> <tr> <td>30 .309</td><td>30 .252</td></tr> <tr> <td>35 .431</td><td>35 .388</td></tr> <tr> <td>40 .597</td><td>40 .547</td></tr> <tr> <td>45 .829</td><td>45 .777</td></tr> <tr> <td>50 1.224</td><td>50 1.201</td></tr> </table>	Sample male rates:	Sample female rates:	<u>Age</u> <u>Rate</u>	<u>Age</u> <u>Rate</u>	20 .151%	20 .099%	25 .219	25 .150	30 .309	30 .252	35 .431	35 .388	40 .597	40 .547	45 .829	45 .777	50 1.224	50 1.201
Sample male rates:	Sample female rates:																		
<u>Age</u> <u>Rate</u>	<u>Age</u> <u>Rate</u>																		
20 .151%	20 .099%																		
25 .219	25 .150																		
30 .309	30 .252																		
35 .431	35 .388																		
40 .597	40 .547																		
45 .829	45 .777																		
50 1.224	50 1.201																		
Lump Sum Basis (Non-Union only)																			
Mortality	IRC §417(e) Applicable Mortality (IRS Rev. Ruling 2007-67).																		
Interest rates	Valuation basis.																		
Marriage assumption for death prior to retirement (Union only)	It is assumed that 85% of participants are married and 15% of participants will elect a recipient as a beneficiary. Husbands are assumed to be three years older than wives.																		
Administrative expenses	As prescribed by the IRS, estimated administrative expenses have been added to the target normal cost.																		

Summary of Plan Provisions

This summary is being provided for valuation purposes only. This summary outlines the major features of the Plan. It does not give full details or cover all aspects of the Plan. The actual terms and conditions of the Plan are stated in the formal Plan document.

Effective date

Original December 15, 1941.

Latest amendment EGTRRA Restatement – Amendment No. 28
(Effective January 1, 2008).

Plan Year

The calendar year.

Prior Plan

The Wiremold Company Salaried Retirement Income Plan, as in effect prior to January 1, 2002.

Employment Commencement Date

First day employee is credited with an hour of Service.

Covered employees

Non-Union: Any employee whose customary employment is for 1,000 or more hours of Service per plan year except those covered by a collective bargaining agreement.

Union: Any hourly employee not employed at Brooks, Shape, Walker or an Arkansas plant location and whose customary employment is for 1,000 or more hours of Service per plan year.

Participation

On Employment Commencement Date.

Non-Union: No new participants after July 31, 2006. Benefits are frozen at date of termination for rehires after that date who retain prior service.

Union: No new participants after March 31, 2009. Benefits are frozen at date of termination for rehires after that date who retain prior service.

Plan Provisions
continued

Service for vesting and benefits

Non-Union:
Prior to January 1, 1998:

Service as credited under the Prior Plan.

January 1, 1998 and after:

Each plan year of at least 1,000 hours of Service.

Union:

All continuous Service from date of hire to date of retirement or termination. Benefit accrual service excludes service while employed at Brooks, Shape, Walker or an Arkansas plant location.

Compensation
(Non-Union)

W-2 earnings for the plan year plus 401(k) and Section 125 deferrals.

Account Balance
(Non-Union)

A hypothetical account for each participant, credited annually with a percentage of salary based upon Benefit Service as of the first day of the plan year for which the contribution is being made.

Prior to August 1, 2006:

Years of Benefit Service	% of Compensation credited to Account
Less than 3	4.0%
At least 3 but less than 5	4.5%
At least 5 but less than 7	5.5%
At least 7 but less than 11	7.0%
At least 11 but less than 15	8.5%
At least 15 or more	11.0%

After July 31, 2006:

If less than 5 years of benefit service 0%, otherwise:

Age	Years of Benefit Service on July 31, 2006		
	≥ 5, but < 10	≥ 10, but < 15	≥ 15
<30	2%	3%	4%
≥30, but <35	2%	3%	4%
≥35, but <40	2%	3%	4%
≥40, but <45	4%	5%	6%
≥45, but <50	4%	5%	6%
≥50	4%	5%	6%

On the last day of each plan year the account is credited with interest based on the value of the account as of the first day of the plan year and the applicable Interest Credit. The account is also credited with a Transition Credit.

Interest Credits
(Non-Union)

Greater of:

- (i) 5%
- (ii) Average yield on 30-year Treasury Constant Maturities Securities for the month of September preceding the plan year.

Accrued benefit

Non-Union: Actuarial Equivalent of participant's Account Balance payable at normal retirement date.

Union:

Effective May 1, 2002, the product of (A) and (B), as follows:

For Retirement on or after	Annual Amount per Year of Service
Prior to May 1, 1996	\$228
May 1, 1996	252
May 1, 1998	264
May 1, 1999	300
May 1, 2002	336
April 3, 2005	360
March 31, 2008	384

(B) years of Service.

Effective April 1, 2009, \$384 times years of service prior to August 1, 2009 plus \$336 for Tier 1 employees and \$168 for Tier 2 employees times years of service after July 31, 2009.

Walker and Pass and Seymour:

Walker benefits are frozen as of March 31, 2005.

Pass and Seymour benefits are frozen as of December 31, 1995.

Normal retirement

Eligibility

Non-Union and Pass and Seymour: Greater of participant's 65th birthday or fifth anniversary of participation.

Union and Walker: Age 65.

Benefit

Accrued benefit as of normal retirement date.

Early retirement

Eligibility

Attainment of age 55 and completion of 5 years of Service (10 years of service for Walker, 15 years of service for Pass and Seymour).

Benefit

Non-Union:
Accrued benefit as of early retirement date.

Union:

At or after age 55, the vested accrued benefit based upon Service to date of early retirement. Accrued benefit is reduced by 4% for each year between date of retirement and age 65.

At or after age 62, for employees who have 10 years of Service, or, the sum of attained age (minimum age 55) plus Service equals or exceeds 85, the accrued benefit based upon Service to date of early retirement, but without the 4% reduction for each year between date of retirement and age 65.

Walker:

The accrued benefit is reduced by 1/200 for each month between date of retirement and age 65.

Pass and Seymour:

The accrued benefit is reduced by ½ of one percent for each completed calendar month by which the early retirement date precedes the normal retirement date.

Late retirement

Accrued benefit as of late retirement date.

Termination prior to retirement

Vesting schedule 100% after completion of 3 years of Service for Non-Union participants and 100% after completion of 5 years of Service for Union participants.

Benefit Non-Union: Vested portion of accrued benefit as of date of termination.

Union: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility Completion of 3 years of vesting service for Non-Union participants and 5 years of vesting service for Union participants.

Benefit Non-Union: Actuarial Equivalent of the greater of vested participant's Immediate Account Balance Benefit or the Prior Plan Accrued Benefit.

Union: Survivor's (named beneficiary) benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The survivor's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the survivor's benefit is payable immediately. The minimum benefit is the return of participant's contributions, if any, with interest.

Death benefit after retirement

A benefit payable to the beneficiary depending on form of payment of benefits in effect at time of death.

Disability retirement
(Union)

Eligibility

At least 5 years of service (was “and age 50” prior to May 1, 1993) and permanently and totally disabled so as to be unable thereby to engage in any employment.

Benefit

Accrued benefit to date of disability less Worker’s Compensation law benefits, if any.

Form of benefit

Normal form

Wiremold Union and Non-Union: Modified ten-year certain and life. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Walker: Five year certain and life annuity for married participants, payable as an actuarially equivalent 50% joint and survivor annuity. In either case, payments are guaranteed for 5 years.

Pass and Seymour: Life annuity for married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms

100%, 75%, 66 2/3% or 50% joint and survivor annuity, Social Security option, or lump sum (Non-Union only).

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Legrand North America Retirement Plan

**Financial Statements
(With Supplementary Information)
and Independent Auditor's Report**

December 31, 2014 and 2013

Legrand North America Retirement Plan

Index

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Statements of Changes in Net Assets Available for Benefits	5
Statement of Accumulated Plan Benefits	6
Statement of Changes in Accumulated Plan Benefits	7
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Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)	26

Independent Auditor's Report

To the Plan Administrator
Legrand North America Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Legrand North America Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2013, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Prudential Retirement Insurance and Annuity Company and Prudential Insurance Company of America, the custodians, and Prudential Bank & Trust, FSB, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodians and trustee hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians and trustee as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the Plan administrator by the custodians and trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Reportable Transactions (Schedule H, Line 4j) and Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of or for the year ended December 31, 2014 are required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians and trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

CohnReznick LLP

Hartford, Connecticut
October 7, 2015

Legrand North America Retirement Plan

Statements of Net Assets Available for Benefits December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value:		
Pooled separate accounts	\$ 60,688,636	\$ 73,323,851
Mutual funds	20,453,570	3,988,238
Guaranteed deposit account	<u>1,193,337</u>	<u>1,124,447</u>
Total investments	82,335,543	78,436,536
Receivables:		
Employer contributions	<u>1,000,000</u>	<u>1,000,000</u>
Net assets available for benefits	<u>\$ 83,335,543</u>	<u>\$ 79,436,536</u>

See Notes to Financial Statements.

Legrand North America Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions:		
Investment income:		
Net appreciation in fair value of pooled separate accounts	\$ 3,456,494	\$ 10,694,430
Net appreciation (depreciation) in fair value of mutual funds	(276,081)	294,427
Net appreciation in guaranteed deposit account	63,357	23,675
Interest and dividend income	<u>1,454,050</u>	<u>1,242,866</u>
Total investment income	4,697,820	12,255,398
Contributions:		
Employer	<u>4,000,000</u>	<u>4,000,000</u>
Total additions	<u>8,697,820</u>	<u>16,255,398</u>
Deductions:		
Benefits paid to participants	4,724,122	6,393,115
Administrative expenses	<u>74,691</u>	<u>96,705</u>
Total deductions	<u>4,798,813</u>	<u>6,489,820</u>
Net increase	3,899,007	9,765,578
Net assets available for benefits:		
Beginning of year	<u>79,436,536</u>	<u>69,670,958</u>
End of year	<u><u>\$ 83,335,543</u></u>	<u><u>\$ 79,436,536</u></u>

See Notes to Financial Statements.

Legrand North America Retirement Plan

Statement of Accumulated Plan Benefits December 31, 2014

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 38,258,833
Terminated vested participants	7,502,128
Active and transferred participants	<u>17,514,461</u>
Total	<u>63,275,422</u>

Nonvested benefits	<u>461,864</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 63,737,286</u></u>
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See Notes to Financial Statements.

Legrand North America Retirement Plan

Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2014

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 59,891,728</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	490,359
Increase for interest due to the decrease in the discount period	4,540,533
Change in actuarial assumptions	5,207,781
Benefits paid	<u>(6,393,115)</u>
Net increase	<u>3,845,558</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 63,737,286</u></u>

See Notes to Financial Statements.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Description of Plan

The following description of Legrand North America Retirement Plan (the "Plan" or "Legrand") provides only general information. Participants should refer to the Plan document, and any amendments thereto, for a more complete description of the Plan's provisions.

Effective December 31, 2008, the Pass & Seymour Sierra Electric Industrial Pension Plan ("P&S"), The Wiremold Company Hourly Retirement Income Plan ("Hourly") and Walker Systems, Inc. Union Hourly Pension Plan ("Walker") merged into Legrand and transferred all assets and liabilities to Legrand. All are ultimately sponsored by The Wiremold Company (the "Company").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Retirement Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

General Legrand

Legrand is a noncontributory defined benefit pension plan established to provide pension and death benefits to eligible employees of The Wiremold Company who are not included in a unit of employees covered by a collective bargaining agreement with the Company with respect to which retirement benefits were the subject of good faith negotiations. Employees hired after January 1, 1998 who are not covered by a collective bargaining agreement as described above, became participants of Legrand as of the date of hire, provided that the employee's customary employment was for 1,000 or more hours of service per year. Any employee who does not meet this criteria, and who was not covered by a collective bargaining agreement as described above, became a participant effective January 1 of the Plan year during which the employee completes 1,000 hours of service.

Effective August 1, 2006, no individual shall become a participant in Legrand if the individual becomes an employee on or after August 1, 2006, is a rehire or transfers from another employer. Effective January 1, 2007, employees of the Company that transfer to Legrand Holdings, Inc., the Plan sponsor, will continue to accrue benefits.

Legrand was amended on November 26, 2007 to provide for additional retirement benefits for certain participants electing to terminate employment between November 26, 2007 and February 29, 2008 who meet various requirements. These applicable participants will be provided their normal pay credit as outlined below plus the product of 1/52 of the participant's compensation for the year ended December 31, 2007 times the lesser of 26 or 1.5 times the number of years of service for the participant as of February 29, 2008.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Participants are eligible to elect a benefit upon reaching the early retirement age. An eligible participant's monthly early retirement benefit shall be reduced by 4% for each year by which their benefit start date precedes their normal retirement date unless one of the following applies:

- (a) The participant has attained age 62 on their annuity starting date and has ten years of credited service.
- (b) The sum of the participant's age plus his years of service on his annuity starting date equals or exceeds 85 (minimum age 55).

P&S

P&S is a noncontributory defined benefit plan which covers substantially all hourly rate union employees hired before the age of 60 who were employed by Pass and Seymour, Inc. prior to 1995. In 1995, benefits under the Plan were frozen and no new participants have been added subsequently.

Hourly

Hourly is a noncontributory defined benefit pension plan established to provide pension, disability and death benefits to eligible employees of the Company who are members of the Local 1040 International Brotherhood of Electrical Workers AFL-CIO and employed at either the West Hartford or Rocky Hill, Connecticut plants. These employees will become participants on the first plan entry date following their date of hire, provided their employment is expected to include 1,000 hours of service per year. An employee who does not become a participant based on the previous sentence will become a participant as of the plan entry date subsequent to completing a year of service in which 1,000 hours are completed.

Hourly was amended on November 26, 2007 to provide for The Voluntary Early Retirement Plan ("VERP"). To qualify for VERP, participants must have elected between November 26, 2007 and January 10, 2008 to retire between January 20, 2008 and February 29, 2008. A participant who qualified for VERP (a) will have four years of service added for the purpose of determining whether the sum of his or her age and years of service equals or exceeds 85, (b) will have four years of credited service added for the purpose of determining accrued benefits and (c) will have the accrued benefit determined by using the monthly benefit level of \$32.

Hourly was amended in 2009 to provide for the 2008 Voluntary Early Retirement Plan ("2008 VERP"). Any active participant in the Plan who was a collectively-bargained union employee of the Company at its West Hartford, Connecticut location as of December 11, 2008, and who was at least age 58 and had at least five (5) years of service and 80 points (age and years of service when added together equals or exceeds 80) as of January 30, 2009 qualified for the 2008 VERP.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

On or after December 11, 2008 and on or before January 30, 2009, eligible employees may make their election to retire under the terms of the 2008 VERP and their retirement will occur on January 30, 2009 (or such earlier date as is mutually agreed upon and approved by the Company in writing). If an eligible employee terminates employment under the 2008 VERP before January 30, 2009, the individual will be treated as having remained in employment through January 30, 2009 solely for the purpose of satisfying the age and service requirements in the paragraph above.

Retirement benefit payments can commence under the 2008 VERP retirement plan at any time on or after February 1, 2009 (as permitted by the terms of the Plan).

An eligible employee who makes his or her election to retire under the terms of the 2008 VERP and who has 80 or more points but less than 85 points as of January 30, 2009: (i) will have his or her years of service increased so that the number of his or her total points will equal 85 and (ii) will have his or her years of credited service increased by the same number as the number of additional years of service described in subsection (c)(i) (for the purpose of determining his or her accrued benefit).

No additional years of service or years of credited service will be credited to an eligible employee who has 85 or more points as of January 30, 2009.

Effective April 1, 2009, any employee, except those classified as an electrician, who is hired or reemployed on or after April 1, 2009 shall not become a participant in Legrand and shall not accrue any benefits. If a former employee who was a participant is reemployed prior to April 1, 2009, the employee shall again become an active participant. If a former employee was not a participant and is reemployed prior to April 1, 2009, the employee may become an active participant by meeting the eligibility requirements.

Participants are eligible to elect a benefit upon reaching the early retirement age. An eligible participant's monthly early retirement benefit shall be equal to their vested accrued benefit on the date of their early retirement; provided, however, that the amount of such benefit shall be reduced by 4% for each year by which their annuity starting date precedes their normal retirement date unless the participant retires directly from an active employment status and one of the following applies:

- (a) The participant has attained age 62 on their annuity starting date and has ten years of credited service.
- (b) The sum of the participant's age and years of service on their annuity starting date equals or exceeds 90 (minimum age 55).
- (c) Effective on or after May 1, 1996, the sum of the participant's age and years of service on their annuity starting date equals or exceeds 85 (minimum age 55).

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Each participant who retires from employment with their employer and all affiliated companies prior to their normal retirement date due to permanent and total disability, who was accruing credited service at the time they became disabled, who has at least five years of service and who is not eligible for or does not elect to receive an early benefit shall be eligible for a disability benefit.

Walker

Walker is a noncontributory defined benefit pension plan established to provide pension, disability and death benefits to eligible employees of the Company who were employed at its West Virginia manufacturing location (formerly, Walker Systems, Inc.) and were members of Local Union No. 2077, International Association of Machinists and Aerospace Workers. Union employees become eligible upon completion of one year of service in which 1,000 hours of service are rendered.

Pension benefits

Legrand

Effective January 1, 1998, Legrand was restated to become a cash balance plan. Under the previous plan, all benefit payments were annuity payments calculated by multiplying the ratio of years of service, to the greater of 30 or the years of service to age 65, by 40% of final average salary. Under the new plan, each participant has a bookkeeping account established in his or her name. The value of the benefit is expressed as a cash balance in that account. Each participant's account increases based on pay credits and interest credits. Pay credits equal a percentage of the participant's compensation; the applicable percentage is generally determined on the basis of the following schedule for Plan years and periods beginning on or after August 1, 2006:

Age as of July 31, 2006	Years of Service			
	Less than 5	At least 5, but less than 10	At least 10, but less than 15	15 or more
Less than 30	0%	2%	3%	4%
30, but less than 35	0%	2%	3%	4%
35, but less than 40	0%	2%	3%	4%
40, but less than 45	0%	4%	5%	6%
45, but less than 50	0%	4%	5%	6%
50 or more	0%	4%	5%	6%

The pay credit for the Plan year or period in which an individual becomes or ceases to be a participant shall be based upon such individual's compensation earned while a participant during such Plan year or period.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Interest credits for a given year are based on the average yield on 30-year U.S. Treasury bonds for the September preceding the Plan year (the "Applicable Interest Rate"); however, this rate shall not be less than 5.00%. For each of the years ended December 31, 2014 and 2013, the applicable rates were 5.00%. Participants will be able to elect whether benefits are to be paid out as a lump-sum or from a variety of annuity payments. Any individuals that were participants of the previous plan had an opening balance in the current plan equal to the present value of their pension benefit under the previous plan. The Plan contains other clauses to ensure participants nearing retirement were not adversely affected by the transition.

Participants with less than five years of service as of July 31, 2006 will no longer be eligible for pay credit.

P&S

A qualified employee, upon termination of employment, beginning the first day of the month coinciding with or immediately following his/her 65th birthday, is entitled to a monthly benefit based upon total years of credited service multiplied by the monthly benefit based upon retirement date according to the table within the Plan.

Generally, upon attainment of age 55 with 15 years of credited service, participants are eligible for early retirement which provides a benefit equal to the benefit the employee would receive at age 65 reduced by 1/2 of 1% for each month from the date such benefits commence to the first day of the month following the normal retirement date.

Hourly

In general, a participant's monthly retirement benefit is calculated by multiplying the participant's years of credited service at retirement by a fixed dollar amount. The applicable fixed dollar amount is determined based on the earlier of the participant's retirement date or termination date (as applicable).

Walker

Effective March 31, 2005, Walker was frozen as a result of the plant being closed. Due to the closing of the facility, all participants who were involuntarily terminated on or after September 8, 2004 in connection with the facility closing were 100% vested. Participants accrue no additional benefits or years of credited service on or after March 31, 2005. The Plan was amended to increase monthly retirement benefits to \$28 per year of credited service for all participants who retired or terminated employment on or after November 12, 2004 (first layoff date) as a result of the facility closing. Additionally, participants who retired or terminated employment on or after November 12, 2004 as a result of the facility closing, who had attained age 50 and whose sum of age plus years of service equaled or exceeded 75 were eligible to receive an unreduced early retirement benefit at age 55.

Each participant who retires from employment with his employer and all affiliated companies at or after age 55, but prior to his normal retirement date and who has at least 10 years of service, shall be eligible for an early retirement benefit.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

In general, a participant's monthly retirement benefit is calculated by multiplying the participant's years of credited service at retirement by a fixed dollar amount. The applicable fixed dollar amount is determined based on the earlier of the participant's retirement date or termination date (as applicable). Based on Union negotiations, this rate was increased to \$26 effective February 10, 2002. Additionally, all participants affected by the closing of the plant will receive a rate of \$28.

An eligible participant's monthly early retirement benefit shall be equal to his vested accrued benefit on the date of his early retirement; provided, however, that the amount of such benefit shall be reduced by $\frac{1}{2}$ of 1% for each full calendar month by which his annuity starting date precedes his normal retirement date, unless either of the following applies:

- a) The participant has attained age 62 on his annuity starting date.
- b) The sum of the participant's age plus his years of service on his annuity starting date equals or exceeds 85 (minimum age 55).

Death and disability benefits

Legrand

If a participant dies before the normal retirement date while still actively employed and he or she was fully vested, or the participant dies prior to receiving payments, the participant's beneficiary will receive the full account balance as a lump-sum or an annuity. If a participant dies while receiving annuity payments, the beneficiary may continue to receive payments depending on the participant's payment option selected.

P&S

Upon the death of a participant who was eligible for early or normal retirement, the surviving spouse will receive a monthly benefit for life equal to 50% of the monthly benefit the employee would have been entitled to receive had they retired on the day before his death, and elected immediate commencement of early retirement benefits in the form of a joint and 50% survivor annuity.

A participant who becomes disabled with at least 15 years of service and is entitled to disability insurance benefits under the Social Security Act is entitled to disability benefits from the Plan. The monthly amount is computed using the same formula as pension benefits but is reduced by workers' compensation. A minimum benefit of \$50 per month is provided for participants not qualifying for Social Security Disability Benefits.

Hourly

If a participant dies before the normal retirement date while still actively employed, and either made required contributions to the prior plan or have a prior plan value (as defined), the participant's beneficiary will receive all contributions and/or the prior plan value with interest. If the participant is married, their spouse may be eligible to receive a Qualified Pre-Retirement Survivor Annuity, which is similar to the Joint and Survivor Annuity provided at the participant's normal retirement.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

A participant who becomes disabled with at least five years of service, was actively employed and is entitled to disability insurance benefits under the Social Security Act, is entitled to disability benefits from the Plan. The monthly amount is computed in the same manner as pension benefits, but is reduced by workers' compensation payments.

Walker

Upon the death of a participant prior to retirement date, their spouse will receive a Pre-Retirement Spouse Benefit, provided the participant had a vested right to retirement income and had not made an effective election to waive spouse benefit coverage. The monthly benefit will be equal to 50% of the retirement income the participant would have received had they retired the day before their death.

A participant who becomes disabled with at least 15 years of service, was actively employed and accruing service and is entitled to disability insurance benefits under the Social Security Act, is entitled to disability benefits from the Plan. The monthly amount is computed using the same formula as pension benefits, but is reduced by workers' compensation payments.

Vesting Legrand

In connection with the closing or selling of certain facilities and termination of related employees, affected participants became 100% vested in their accrued benefits. Prior to January 1, 2008, participants are fully vested after five years of service. Effective January 1, 2008, participants are fully vested after three years of service.

P&S

Eligible employees are fully vested after five years of service.

Hourly

Eligible employees are fully vested after five years of service. Additionally, eligible employees shall become fully vested upon reaching normal retirement age regardless of their years of service.

Walker

Eligible employees are fully vested after five years of service except as noted in pension benefits above. Additionally, eligible employees shall become fully vested upon reaching normal retirement age regardless of their years of service.

Revenue credit account

The Plan has established a revenue credit account to cover Plan expenses. The revenue credit account is treated as a Plan asset and must be used only for legitimate Plan expenses. During 2014, the trustee contributed \$25,140, into the revenue credit account. During 2014, the Company used \$25,140 from the account to pay Plan expenses.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of accounting policies

Basis of accounting

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

Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments. Certain administrative expenses related to benefits administration net of any revenue credits that reimburse or pay directly the fees of a service provider or other expense of administering the Plan are also deducted from Plan assets and reported within the administrative expenses line item within the statements of changes in net assets available for benefits.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Retirement Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, trustee and insurance company. See Note 5 for a discussion of fair value measurements. In instances wherein quoted market prices are not available, the fair value of investments is estimated primarily by insurance companies. The investment in the insurance company contract (Prudential Guaranteed Deposit Account) is valued at the estimated fair value, as reported by Prudential Retirement Insurance and Annuity Company ("PRIAC").

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Funding policy

The Company makes contributions to the Plan based on the amount determined by the independent actuary plus such amounts as the Company may determine to be appropriate. The actuary applies current assumptions and factors to benefit information as of January 1 (the date of the actuarial valuation used to determine the Company's contribution for the subsequent Plan year). The ERISA minimum funding requirements have been satisfied for the years ended December 31, 2014 and 2013.

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.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Subsequent events

The Plan has evaluated events and transactions for potential recognition or disclosure through October 7, 2015, the date the financial statements were available to be issued.

Note 3 - Plan termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Benefit improvements attributable to Legrand and Hourly amendments effective November 26, 2007 and December 11, 2008 may not be fully guaranteed even though total benefit entitlements fall below the statutory ceiling, as defined by the PBGC. For example, none of the improvements would be guaranteed if Legrand and Hourly were to terminate before November 26, 2008 and December 11, 2009, respectively. After that date, the PBGC would guarantee 20% of any benefit improvements that resulted in benefits below the ceiling, with an additional 20% guaranteed each year the Plan continued beyond November 26, 2008 and December 11, 2009. If the amount of the benefit increase below the ceiling is

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

also less than \$100, \$20 of the increase (rather than 20%) becomes guaranteed by the PBGC each year following the effective date of the amendment. As a result, the primary ceiling would only be applicable after November 26, 2012 and December 11, 2013. All benefits are fully guaranteed at December 31, 2014.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 4 - Investments

The following investments represent 5% or more of the Plan's net assets as of December 31, 2014 and 2013:

	2014	2013
Core Plus Bond PIMCO Fund	\$ - *	\$ 13,984,537
Dryden S&P 500 Index Fund	10,865,401	10,300,672
MFS Large Cap Growth Fund	8,542,169	8,964,275
LSV Asset Management Large Cap Value Fund	9,005,345	8,842,121
PRISA	7,690,134	6,844,681
PIMCO Core Bond Enhanced Index Fund	8,280,696	6,732,507
Oppenheimer Developing Markets Fund	3,952,704 *	3,988,238
Western Core Asset Core Plus	8,113,243	- *
Prudential Total Return Bond	8,387,623	- *

* Investment represents less than 5% of the Plan's net assets as of December 31, 2014 and 2013.

Note 5 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described 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:

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

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

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

2014	Level 1	Level 2	Level 3	Total
Mutual funds:				
Bonds	\$ 16,500,866	\$ -	\$ -	\$ 16,500,866
Global equity	3,952,704	-	-	3,952,704
Total mutual funds	20,453,570	-	-	20,453,570
Pooled separate accounts:				
Large cap	-	17,547,514	-	17,547,514
Balanced	-	10,865,401	-	10,865,401
Bond	-	8,280,696	-	8,280,696
Real estate	-	7,690,367	-	7,690,367
Small cap	-	6,535,925	-	6,535,925
International	-	5,778,796	-	5,778,796
Other	-	3,989,937	-	3,989,937
Total pooled separate accounts	-	60,688,636	-	60,688,636
Guaranteed deposit account	-	-	1,193,337	1,193,337
Total assets at fair value	\$ 20,453,570	\$ 60,688,636	\$ 1,193,337	\$ 82,335,543

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

2013	Level 1	Level 2	Level 3	Total
Mutual fund:				
Global equity	\$ 3,988,238	\$ -	\$ -	\$ 3,988,238
Pooled separate accounts:				
Bond	-	20,717,044	-	20,717,044
Large cap	-	17,806,396	-	17,806,396
Balanced	-	10,300,672	-	10,300,672
Small cap	-	7,657,727	-	7,657,727
Real estate	-	6,844,923	-	6,844,923
International	-	6,554,513	-	6,554,513
Other	-	3,442,576	-	3,442,576
Total pooled separate accounts	-	73,323,851	-	73,323,851
Guaranteed deposit account	-	-	1,124,447	1,124,447
Total assets at fair value	<u>\$ 3,988,238</u>	<u>\$ 73,323,851</u>	<u>\$ 1,124,447</u>	<u>\$ 78,436,536</u>

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: Valued at unit value reported by PRIAC. The unit value is based on the value of the underlying assets owned by the fund, less liabilities, and then divided by the number of units outstanding. The fund allows for daily redemption and contributions.

Guaranteed investment account: Valued at fair value by discounting the related cash flows using treasury rates and spreads based on the cash flow timing and quality of assets.

The following tables set forth the changes in fair value of the Plan's level 3 assets for the years ended December 31, 2014 and 2013:

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Guaranteed deposit account:		
Balance, beginning of year	\$ 1,124,447	\$ 434,026
Purchases	4,740,000	7,094,782
Sales	(4,734,467)	(6,428,036)
Unrealized gains	<u>63,357</u>	<u>23,675</u>
Balance, end of year	<u><u>\$ 1,193,337</u></u>	<u><u>\$ 1,124,447</u></u>

Gains (unrealized) included in changes in net assets for the periods above are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Quantitative information about significant unobservable inputs used in level 3 fair value measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

2014					
Instrument	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values	Weighted Average
Guaranteed deposit account	\$ 1,193,337	Discounted cash flow	Earnings at guaranteed crediting rate	Gross guaranteed crediting rate must be greater than or equal to contractual minimum crediting rate	N/A
			Composite market value factor	1.018332-1.16373	1.025411
2013					
Instrument	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values	Weighted Average
Guaranteed deposit account	\$ 1,124,447	Discounted cash flow	Earnings at guaranteed crediting rate	Gross guaranteed crediting rate must be greater than or equal to contractual minimum crediting rate	N/A
			Composite market value factor	.988035-1.073235	1.006725

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

In estimating fair value of the investments in level 3, the Retirement Committee may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Retirement Committee evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

Note 6 - Certified investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2014 and 2013, and investment income for the years then ended, that is disclosed in the accompanying financial statements and supplemental schedules, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the custodians and trustee of the Plan.

Note 7 - Tax status

The Plan received its latest determination letter on March 8, 2013, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the "IRC"). The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirement of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

Note 8 - Actuarial information

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 vested terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on the years of service accumulated by employees. Benefits payable under all circumstances, including retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Hooker & Holcombe, Inc., and is that 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 or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in determining accumulated plan benefits were as follows:

	December 31, 2013	December 31, 2012
Mortality:	RP2014/MP2014	IRS prescribed static mortality table (based on RP 2000)
Investment return rate:	8.00% per annum	8.00% per annum
Retirement age:	Retirement is assumed at age 63	Retirement is assumed at age 63

The actuarial method used to determine the normal cost and actuarial liability was the Projected Unit Credit Actuarial Cost Method.

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. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2014 and 2013. Had the valuations been performed as of December 31, 2013 and 2012, there would be no material differences.

Note 9 - Related party and party-in-interest transactions

Certain Plan investments are shares of mutual funds, units of pooled separate accounts and the guaranteed deposit account managed by PRIAC, Prudential Insurance Company of America and Prudential Bank & Trust, FSB. PRIAC and Prudential Insurance Company of America are the custodians and Prudential Bank & Trust, FSB is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Fees paid by the Plan to the custodians and trustee for administrative expenses amounted to \$74,691 and \$70,603 for the years ended December 31, 2014 and 2013, respectively. In addition, included in administrative expenses for 2013 are fees paid for legal and accounting services performed for the Plan. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 10 - Risks and uncertainties

The Plan invests in various investment securities. Investment securities, in general, 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 statements 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.

Note 11 - Investment contract with insurance company

The Company entered into a guaranteed investment contract with PRIAC. Amounts are invested in the Prudential Guaranteed Deposit Account. PRIAC maintains the assets of this investment in an unallocated fund to which it credits interest at varying rates. PRIAC recorded cumulative contributions and credited interest at a rate of 2.70% and 4.00% to amounts received prior to January 1, 2014 and 2013, respectively, and 2.50% and 2.10% to amounts received in 2014 and 2013, respectively.

Note 12 - Reconciliation of financial statements to Form 5500

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

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 83,335,543	\$ 79,436,536
Fair value to contract value adjustment	<u>(29,572)</u>	<u>(7,511)</u>
Net assets available for benefits per Form 5500	<u>\$ 83,305,971</u>	<u>\$ 79,429,025</u>

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2014 and 2013

The following is a reconciliation of net increase in net assets per the statements of changes in net assets available for benefits to Form 5500 for the years ended December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Net increase in net assets per the statement of changes in net assets available for benefits	\$ 3,899,007	\$ 9,765,578
Less current year excess of fair value over contract value of the guaranteed deposit account	(29,572)	(7,511)
Plus prior year excess of fair value over contract value of the guaranteed deposit account	<u>7,511</u>	<u>18,568</u>
Net change per Form 5500	<u>\$ 3,876,946</u>	<u>\$ 9,776,635</u>

LEGRAND NORTH AMERICA RETIREMENT PLAN
EIN: 06-0593670
Plan Number: 001

Schedule of Reportable Transactions**
(Schedule H, Line 4j)
Year Ended December 31, 2014

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Series of transactions:								
* Prudential Retirement Insurance and Annuity Company	Core Plus Bond / PIM Fund	\$ -	\$ 16,446,286	\$ -	\$ -	\$15,552,410	\$ 16,446,286	\$ 893,876
Total number of sales: 4	Prudential Total Return Bond	8,368,015	-	-	-	8,368,015	8,368,015	-
Total number of purchases: 4	Legg Mason Western Core Asset Core Plus	8,078,272	-	-	-	8,078,272	8,078,272	-
Total number of purchases: 2								
Single transactions								
* Prudential Retirement Insurance and Annuity Company	Prudential Total Return Bond	-	16,100,000	-	-	15,250,752	16,100,000	849,248
* Prudential Retirement Insurance and Annuity Company	Core Plus Bond / PIM Fund	8,050,000	-	-	-	8,050,000	8,050,000	-
* Prudential Retirement Insurance and Annuity Company	Legg Mason Western Core Asset Core Plus	8,050,000	-	-	-	8,050,000	8,050,000	-

* Party-in-interest

** The definition of a reportable transaction is a transaction that exceeds 5% of the current value of the plan assets as of the beginning of the plan year including a single transaction within the plan year; any series of transactions with, or in conjunction with, the same person, involving property other than securities; any series of transactions involving securities of the same issue within the plan year; any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single securities transaction with that person.

Legrand North America Retirement Plan

EIN: 06-0593670

Plan Number: 001

Schedule of Assets (Held at End of Year)

(Schedule H, Line 4i)

December 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Mutual funds:				
*	Prudential Bank & Trust, FSB	Oppenheimer Developing Markets Fund	\$ 3,946,344	\$ 3,952,704
*	Prudential Retirement Insurance and Annuity Company	Western Core Asset Core Plus	8,134,013	8,113,243
*	Prudential Retirement Insurance and Annuity Company	Prudential Total Return Bond	8,445,155	8,387,623
			<u>20,525,512</u>	<u>20,453,570</u>
Pooled separate accounts:				
*	Prudential Retirement Insurance and Annuity Company	Dryden S&P 500 Index Fund	5,820,397	10,865,401
*	Prudential Retirement Insurance and Annuity Company	MFS Large Cap Growth Fund	5,285,993	8,542,169
*	Prudential Retirement Insurance and Annuity Company	LSV Asset Management Large Cap Value Fund	5,244,060	9,005,345
*	Prudential Retirement Insurance and Annuity Company	PRISA	7,130,820	7,690,134
*	Prudential Insurance Company of America	PIMCO Core Bond Enhanced Index Fund	7,498,085	8,280,696
*	Prudential Retirement Insurance and Annuity Company	Times Square Small Cap Growth Fund	829,200	3,154,821
*	Prudential Retirement Insurance and Annuity Company	Kennedy Capital Small Cap-Value	1,696,081	3,381,104
*	Prudential Retirement Insurance and Annuity Company	Private Placement Fund	3,456,506	3,989,937
*	Prudential Retirement Insurance and Annuity Company	SSGA International Index	1,431,886	3,002,506
*	Prudential Retirement Insurance and Annuity Company	Thornberg International Blend	2,687,318	2,776,290
*	Prudential Retirement Insurance and Annuity Company	CIGNA Open-End Real Estate	197	233
			<u>41,080,543</u>	<u>60,688,636</u>
Guaranteed deposit account:				
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Deposit Account	1,163,766	1,193,337
			<u>\$ 62,769,821</u>	<u>\$ 82,335,543</u>
*	Party-in-interest			

See Independent Auditor's Report.

LEGRAND NORTH AMERICA RETIREMENT PLAN
EIN: 06-0593670
Plan Number: 001

Schedule of Reportable Transactions**
(Schedule H, Line 4j)
Year Ended December 31, 2014

(a) Identity of party involved	(b) Description of asset (include interest rate and) maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
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* Prudential Retirement Insurance and Annuity Company	Legg Mason Western Core Asset Core Plus	8,050,000	-	-	-	8,050,000	8,050,000	-

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Legrand North America Retirement Plan

EIN: 06-0593670

Plan Number: 001

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See Independent Auditor's Report.