

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2015</b>                                   |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u> |                                                                                                                                                                                                                                                                                                                                                |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                       |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                  | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                         |
| <b>1a</b> Name of plan<br><u>LEGRAND NORTH AMERICA RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                          | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u><br><b>1c</b> Effective date of plan <u>12/15/1941</u>                                                                                              |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>THE WIREMOLD COMPANY</u><br><br><u>60 WOODLAWN STREET</u><br><u>WEST HARTFORD, CT 06110</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>06-0593670</u><br><b>2c</b> Plan Sponsor's telephone number<br><u>860-233-6251</u><br><b>2d</b> Business code (see instructions)<br><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.

|                                                                                                 |                                                          |                   |                                                              |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | <u>Filed with authorized/valid electronic signature.</u> | <u>10/06/2016</u> | <u>MARTHA MARTYNSKI</u>                                      |
|                                                                                                 | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                          |                   | Preparer's telephone number                                  |
|                                                                                                 |                                                          |                   |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>THE WIREMOLD COMPANY<br>THE WIREMOLD COMPANY<br>60 WOODLAWN STREET<br>WEST HARTFORD, CT 06110                                                                                                                                                                                                                                        | <b>3b</b> Administrator's EIN<br>06-0593670                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3c</b> Administrator's telephone number<br>860-233-6251                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 1400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                | <b>6a(1)</b> 278                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b> 263                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    | <b>6b</b> 612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b> 362                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           | <b>6d</b> 1237                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                             | <b>6e</b> 123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               | <b>6f</b> 1360                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           | <b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1C 1A 3H                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>3</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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|                 |                                                                                   |
|-----------------|-----------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|-----------------------------------------------------------------------------------|

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 \_\_\_\_\_

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|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2015</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

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

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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                             | 1360                                                                        | 01/01/2015              | 12/31/2015 |

**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 |                       |
|                                               |                                 |             |                       |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0      |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 683050 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 21213 |
|--------------------------------------------------------|-----------|-------|

|                                                                       |              |       |  |
|-----------------------------------------------------------------------|--------------|-------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |       |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> |       |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 731   |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 78000 |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 144   |  |
| ▶ EARNINGS CREDIT                                                     |              |       |  |

|                           |              |       |
|---------------------------|--------------|-------|
| (6) Total additions ..... | <b>7c(6)</b> | 78875 |
|---------------------------|--------------|-------|

|                                                                                       |           |        |
|---------------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 100088 |
|---------------------------------------------------------------------------------------|-----------|--------|

**e** Deductions:

|                                                                                  |              |       |  |
|----------------------------------------------------------------------------------|--------------|-------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> | 75110 |  |
| (2) Administration charge made by carrier .....                                  | <b>7e(2)</b> |       |  |
| (3) Transferred to separate account .....                                        | <b>7e(3)</b> | 70    |  |
| (4) Other (specify below) .....                                                  | <b>7e(4)</b> | 1200  |  |
| ▶ (CONTRACT EXPENSE CHARGE ELECTIVE SERVICE CHARGE<br>TRANSFER TO OUTSIDE FUNDS) |              |       |  |

|                            |              |       |
|----------------------------|--------------|-------|
| (5) Total deductions ..... | <b>7e(5)</b> | 76380 |
|----------------------------|--------------|-------|

|                                                                                                         |           |       |
|---------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 23708 |
|---------------------------------------------------------------------------------------------------------|-----------|-------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury<br/>Internal Revenue Service</div></div><div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 |                                                      |     |
| A Name of plan<br>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<br>THE WIREMOLD COMPANY             | D Employer Identification Number (EIN)<br>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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|                                                                          |
|--------------------------------------------------------------------------|
| (a) Name of insurance carrier<br>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                                | 1360                                                                        | 01/01/2015              | 12/31/2015 |

|                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>0 | (b) Total amount of fees paid<br>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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 8794589 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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                              | 1360                                                                        | 01/01/2015              | 12/31/2015 |

**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<br>0 | (b) Total amount of fees paid<br>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 |                       |
|                                               |                                 |             |                       |

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0        |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 43783443 |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 1142553 |
|--------------------------------------------------------|-----------|---------|

|                                                                                                                        |              |         |  |
|------------------------------------------------------------------------------------------------------------------------|--------------|---------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                                  | <b>7c(1)</b> | 4000000 |  |
| (2) Dividends and credits .....                                                                                        | <b>7c(2)</b> |         |  |
| (3) Interest credited during the year .....                                                                            | <b>7c(3)</b> | 25305   |  |
| (4) Transferred from separate account .....                                                                            | <b>7c(4)</b> | 808594  |  |
| (5) Other (specify below).....<br>▶ EARNINGS CREDIT TRANSFER, TRANSFER FROM OUTSIDE FUND REIMBURSE. OF BENEFIT PAYMENT | <b>7c(5)</b> | 115666  |  |

|                           |              |         |
|---------------------------|--------------|---------|
| (6) Total additions ..... | <b>7c(6)</b> | 4949565 |
|---------------------------|--------------|---------|

|                                                                                       |           |         |
|---------------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 6092118 |
|---------------------------------------------------------------------------------------|-----------|---------|

**e** Deductions:

|                                                                                                                                                 |              |         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year                                                                       | <b>7e(1)</b> | 5093403 |  |
| (2) Administration charge made by carrier .....                                                                                                 | <b>7e(2)</b> |         |  |
| (3) Transferred to separate account .....                                                                                                       | <b>7e(3)</b> | 107228  |  |
| (4) Other (specify below).....<br>▶ CONTRACT EXP CHRG, ELECTIVE SRV PYMT PYMT OF PLN EXP PYMT & REIMB OF PLN EXP-PAID BY PRU TRNSF TO OUTSIDE F | <b>7e(4)</b> | 63265   |  |

|                            |              |         |
|----------------------------|--------------|---------|
| (5) Total deductions ..... | <b>7e(5)</b> | 5263896 |
|----------------------------|--------------|---------|

|                                                                                                         |           |        |
|---------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 828222 |
|---------------------------------------------------------------------------------------------------------|-----------|--------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>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>2015</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ 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.

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

|               |                          |
|---------------|--------------------------|
| <b>Part I</b> | <b>Basic Information</b> |
|---------------|--------------------------|

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2015                                                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 83333652                  |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 81366596                  |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 760                        | 38533242                  | 38533242                 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 391                        | 8955329                   | 8955329                  |
| <b>c</b> For active participants .....                                                                                                                                                                          | 278                        | 19762510                  | 20188871                 |
| <b>d</b> Total .....                                                                                                                                                                                            | 1429                       | 67251081                  | 67677442                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>   |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.28%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 767078                    |                          |

**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.

|                                               |              |                                        |
|-----------------------------------------------|--------------|----------------------------------------|
| <b>SIGN HERE</b>                              |              |                                        |
| Signature of actuary                          | 09/01/2016   | Date                                   |
| RICHARD S. SYCH                               | 14-05065     | Most recent enrollment number          |
| HOOKE & HOLCOMBE, INC.                        | 860-521-8400 | Telephone number (including area code) |
| 65 LASALLE RD<br>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 ☐

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

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72 % | 2nd segment:<br>6.11 % | 3rd segment:<br>6.81 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 767078             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 767078             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 2908665            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 2908665            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             | 2015                                    |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 |                                                      |     |
| A Name of plan<br>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<br>THE WIREMOLD COMPANY             | D Employer Identification Number (EIN)<br>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 |
|-----------------------------------------------------------------------------------------------------------|

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures 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

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**(b)** Enter name and EIN or address of person who provided you disclosures 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

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**(b)** Enter name and EIN or address of person who provided you disclosures 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)

FIDUCIARY INV ADV

20-4751585

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 27553                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

COHNREZNICK LLP

22-1478099

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 23000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRUDENTIAL INSURANCE CO.

22-1211670

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 12136                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | NONE                                                                                              | 11516                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

|                                                                                      |                               |                                                                                                                     |  |  |
|--------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CIGNA OPEN-END REAL ESTATE</u>     |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>06-1050034-176</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>        |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND ENHANCED INDEX/PIM</u>   |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>06-1050034-036</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>        |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA INTL INDEX SEC LNDG S</u>     |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>06-1050034-045</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3052180</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRYDEN S&amp;P 500 INDEX</u>       |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>06-1050034-123</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10168222</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL BLEND/LAZARD</u>     |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>06-1050034-719</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2979726</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GROWTH/MFS FUND</u>      |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>06-1050034-350</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9152260</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE/LSV ASSET MGMT</u> |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>  |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>06-1050034-318</u>                                                | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8681750</u>  |  |  |

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

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 22-1211670-038 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8794589 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**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.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-042 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4048793 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**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.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-132 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3167107 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**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.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1050034-257 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3216455 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <span style="color: blue;">01/01/2015</span> and ending <span style="color: blue;">12/31/2015</span>                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
| <b>A</b> Name of plan<br><span style="color: blue;">LEGRAND NORTH AMERICA RETIREMENT PLAN</span>                                                                                                                                                                         | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <div style="border: 1px solid black; padding: 2px; color: blue; font-weight: bold;">001</div>                                                                                     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">THE WIREMOLD COMPANY</span>                                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">06-0593670</span>                                                                                                                                                                                |                                                                                                                                                                                   |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                      |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                    |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                                      |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                               | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                                |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 1000000               | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                               |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 60688636              | 53261082        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 20453570              | 28184384        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 1163765               | 851930          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 83305971              | 82297396        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 83305971 | 82297396 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3000000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3000000   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 26037      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 26037     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 614556     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 614556    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 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)  |            | 1465233   |
| (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) |            | -928702   |
| c Other income .....                                                                            | 2c     |            | 33285     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 4210409   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 5099924 |         |
| (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) |         | 5099924 |
| 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) | 119060  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 119060  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 5218984 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -1008575 |
| 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:

|                                                                                                                                                                                                                                                                                                                  | Yes | No | N/A | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |     | X  |     |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     | X  |     |        |

|                                                                                                                                                                                                                         | Yes | No | N/A | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--------|
| <b>c</b> 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  |     |        |
| <b>d</b> 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  |     |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | X   |    |     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                       |     | X  |     |        |
| <b>g</b> 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  |     |        |
| <b>h</b> 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  |     |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                | X   |    |     |        |
| <b>j</b> 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   |    |     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                           |     | X  |     |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            |     | X  |     |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                  |     |    |     |        |
| <b>n</b> 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.                                     |     |    |     |        |
| <b>o</b> Did the plan trust incur unrelated business taxable income?                                                                                                                                                    |     |    |     |        |
| <b>p</b> Were in-service distributions made during the plan year?                                                                                                                                                       |     |    |     |        |

**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

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>22-1211670</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>7</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                                        |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                                        |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                                        |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2015  
v. 150123

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>           |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                            |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>57</u> % Investment-Grade Debt: <u>38</u> % High-Yield Debt: _____% Real Estate: _____% Other: <u>5</u> %                                                                                                                                                                                                                                    |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input checked="" type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? .....                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>20b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? .....                                                              | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test                    |
| <b>20c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? .....                   | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....                                                                                                                                              | <input type="checkbox"/> Ratio percentage test           | <input type="checkbox"/> Average benefit test            |
| <b>21b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? .....                                                                           | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>22a</b> Has the plan been timely amended for all required tax law changes? .....                                                                                                                                                                                            | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>22b</b> Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).                                                                            |                                                          |                                                          |
| <b>22c</b> If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____. |                                                          |                                                          |
| <b>22d</b> If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.                                                                           |                                                          |                                                          |
| <b>23</b> Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? .....                               | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |

**Legrand North America Retirement Plan**

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

**December 31, 2015 and 2014**

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# Legrand North America Retirement Plan

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## 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, 2015 and 2014, 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, 2015, 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 ("DOL") 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 5, 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, 2015 and 2014, 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 Assets (Held at End of Year) (Schedule H, Line 4i) and Schedule of Reportable Transactions (Schedule H, Line 4j) as of or for the year ended December 31, 2015 are required by the DOL's 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 DOL's and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "Cohn Reznick LLP".

Hartford, Connecticut  
October 3, 2016

**Legrand North America Retirement Plan**

**Statements of Net Assets Available for Benefits  
December 31, 2015 and 2014**

|                                   | <u>2015</u>          | <u>2014</u>          |
|-----------------------------------|----------------------|----------------------|
| Assets                            |                      |                      |
| Investments, at fair value        | <u>\$ 82,308,537</u> | <u>\$ 82,335,543</u> |
| Total investments                 | 82,308,537           | 82,335,543           |
| Receivables                       |                      |                      |
| Employer contributions            | <u>-</u>             | <u>1,000,000</u>     |
| Net assets available for benefits | <u>\$ 82,308,537</u> | <u>\$ 83,335,543</u> |

See Notes to Financial Statements.

# **Legrand North America Retirement Plan**

## **Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2015 and 2014**

|                                                              | <u>2015</u>          | <u>2014</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| Additions                                                    |                      |                      |
| Investment income (loss)                                     |                      |                      |
| Net appreciation (depreciation) in fair value of investments | \$ (552,419)         | \$ 3,243,770         |
| Interest and dividend income                                 | <u>1,744,397</u>     | <u>1,454,050</u>     |
| Total investment income                                      | 1,191,978            | 4,697,820            |
| Contributions                                                |                      |                      |
| Employer                                                     | <u>3,000,000</u>     | <u>4,000,000</u>     |
| Total additions                                              | <u>4,191,978</u>     | <u>8,697,820</u>     |
| Deductions                                                   |                      |                      |
| Benefits paid to participants                                | 5,099,924            | 4,724,122            |
| Administrative expenses                                      | <u>119,060</u>       | <u>74,691</u>        |
| Total deductions                                             | <u>5,218,984</u>     | <u>4,798,813</u>     |
| Net increase (decrease) in net assets                        | (1,027,006)          | 3,899,007            |
| Net assets available for benefits                            |                      |                      |
| Beginning                                                    | <u>83,335,543</u>    | <u>79,436,536</u>    |
| End                                                          | <u>\$ 82,308,537</u> | <u>\$ 83,335,543</u> |

See Notes to Financial Statements.

**Legrand North America Retirement Plan**

**Statement of Accumulated Plan Benefits  
December 31, 2015**

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments

\$ 36,609,067

Terminated vested participants

7,972,929

Active and transferred participants

17,641,380

Total

62,223,376

Nonvested benefits

397,552

Total actuarial present value of accumulated plan benefits

\$ 62,620,928

See Notes to Financial Statements.

## Legrand North America Retirement Plan

### Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2015

|                                                                           |                      |
|---------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | <u>\$ 63,737,286</u> |
| Increase (decrease) during the year attributable to                       |                      |
| Benefits accumulated                                                      | 171,633              |
| Increase for interest due to the decrease in the discount period          | 4,606,342            |
| Change in actuarial assumptions                                           | (1,170,130)          |
| Benefits paid                                                             | <u>(4,724,203)</u>   |
| Net decrease                                                              | <u>(1,116,358)</u>   |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 62,620,928</u> |

See Notes to Financial Statements.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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.

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).

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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.

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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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).

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.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

#### 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.

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, 2015 and 2014, 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 65<sup>th</sup> 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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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.

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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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.

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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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 2015, the trustee contributed \$27,553, into the revenue credit account. During 2015, the Company used \$27,553 from the account to pay Plan expenses.

#### **Note 2 - Summary of accounting policies**

##### **Basis of accounting**

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

##### **Adoption of accounting standard**

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Parts I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has elected to adopt Part II early.

##### **Administrative expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) 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 4 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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **Payment of benefits**

Benefits are recorded when paid.

#### **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, 2015 and 2014.

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.

#### **Use of estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") 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 3, 2016, 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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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 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, 2015.

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 - 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:
  - 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; and
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

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, 2015 and 2014.

*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 ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Pooled separate accounts:* Valued at the accumulation unit value ("AUV") of units held by the Plan at year-end. The AUV is based on the value of underlying investments, which are valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing less its liabilities and account charges, plus any applicable dividend income, then divided by the number of units outstanding. The accounts allow for daily redemptions and contributions.

*Guaranteed deposit 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 by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

|                                 | 2015          |               |            |               |
|---------------------------------|---------------|---------------|------------|---------------|
|                                 | Level 1       | Level 2       | Level 3    | Total         |
| Mutual funds                    | \$ 28,184,384 | \$ -          | \$ -       | \$ 28,184,384 |
| Pooled separate accounts        | -             | 53,261,082    | -          | 53,261,082    |
| Guaranteed deposit account      | -             | -             | 863,071    | 863,071       |
| Total investments at fair value | \$ 28,184,384 | \$ 53,261,082 | \$ 863,071 | \$ 82,308,537 |

  

|                                 | 2014          |               |              |               |
|---------------------------------|---------------|---------------|--------------|---------------|
|                                 | Level 1       | Level 2       | Level 3      | Total         |
| Mutual funds                    | \$ 20,453,570 | \$ -          | \$ -         | \$ 20,453,570 |
| Pooled separate accounts        | -             | 60,688,636    | -            | 60,688,636    |
| Guaranteed deposit account      | -             | -             | 1,193,337    | 1,193,337     |
| Total investments at fair value | \$ 20,453,570 | \$ 60,688,636 | \$ 1,193,337 | \$ 82,335,543 |

For years ended December 31, 2015 and 2014, there were no significant transfers between levels.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

The following tables set forth the changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2015 and 2014:

|                            | <u>2015</u>        | <u>2014</u>         |
|----------------------------|--------------------|---------------------|
| Guaranteed deposit account |                    |                     |
| Balance, beginning of year | \$ 1,193,337       | \$ 1,124,447        |
| Purchases                  | 4,884,898          | 4,803,357           |
| Sales                      | <u>(5,215,164)</u> | <u>(4,734,467)</u>  |
| Balance, end of year       | <u>\$ 863,071</u>  | <u>\$ 1,193,337</u> |

#### 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:

| <u>2015</u>                |              |                               |                                       |                                                                                                     |                  |
|----------------------------|--------------|-------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|
| Instrument                 | Fair value   | Principal valuation technique | Significant unobservable inputs       | Range of significant input values                                                                   | Weighted average |
| Guaranteed deposit account | \$ 863,071   | 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         | 0.995926-1.136546                                                                                   | 1.013076         |
| <u>2014</u>                |              |                               |                                       |                                                                                                     |                  |
| 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         |

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.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

#### Note 5 - 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, 2015 and 2014, and investment income (loss) 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 6 - 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.

GAAP 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 2012.

#### Note 7 - 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.

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:

|                        | <u>December 31, 2014</u>        | <u>December 31, 2015</u>        |
|------------------------|---------------------------------|---------------------------------|
| Mortality              | RP-2014/MP2015                  | RP-2014/MP2014                  |
| Investment return rate | 7.5% per annum                  | 7.5% per annum                  |
| Retirement age         | Retirement is assumed at age 63 | Retirement is assumed at age 63 |

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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, 2015 and 2014. Had the valuations been performed as of December 31, 2014 and 2013, there would be no material differences.

#### **Note 8 - 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 (depreciation) 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 \$119,060 and \$74,691 for the years ended December 31, 2015 and 2014, respectively. In addition, included in administrative expenses for 2015 and 2014 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.

#### **Note 9 - 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 10 - 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 3.05% and 2.70% to amounts received prior to January 1, 2015 and 2014, respectively, and 2.85% and 2.50% to amounts received in 2015 and 2014, respectively.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

#### Note 11 - 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>2015</u>          | <u>2014</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 82,308,537        | \$ 83,335,543        |
| Fair value to contract value adjustment                        | <u>(11,141)</u>      | <u>(29,572)</u>      |
| Net assets available for benefits per Form 5500                | <u>\$ 82,297,396</u> | <u>\$ 83,305,971</u> |

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, 2015:

|                                                                                              | <u>2015</u>           |
|----------------------------------------------------------------------------------------------|-----------------------|
| Net decrease in net assets per the statement of changes in net assets available for benefits | \$ (1,027,006)        |
| Current year fair value adjustment                                                           | (11,141)              |
| Prior year fair value adjustment                                                             | <u>29,572</u>         |
| Net change per Form 5500                                                                     | <u>\$ (1,008,575)</u> |

## **Supplementary Information**

**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, 2015**

| (a) | (b) Identity of issuer, borrower,<br>lessor or similar party | (c) Description of investment<br>including maturity date, rate<br>of interest, collateral, par or<br>maturity value | (d) Cost             | (e) Current<br>value |
|-----|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Mutual funds                                                 |                                                                                                                     |                      |                      |
| *   | Prudential Bank & Trust, FSB                                 | Oppenheimer Developing Markets Fund                                                                                 | \$ 4,349,275         | \$ 3,766,147         |
| *   | Prudential Retirement Insurance and Annuity Company          | Vanguard Long Term Bond Index                                                                                       | 16,117,823           | 16,141,258           |
| *   | Prudential Retirement Insurance and Annuity Company          | Prudential Total Return Bond                                                                                        | 8,598,255            | 8,276,979            |
|     |                                                              |                                                                                                                     | <u>29,065,353</u>    | <u>28,184,384</u>    |
|     | Pooled separate accounts                                     |                                                                                                                     |                      |                      |
| *   | Prudential Retirement Insurance and Annuity Company          | Dryden S&P 500 Index Fund                                                                                           | 5,574,046            | 10,168,222           |
| *   | Prudential Retirement Insurance and Annuity Company          | MFS Large Cap Growth Fund                                                                                           | 5,280,092            | 9,152,260            |
| *   | Prudential Retirement Insurance and Annuity Company          | LSV Asset Management Large Cap Value Fund                                                                           | 5,401,679            | 8,681,750            |
| *   | Prudential Retirement Insurance and Annuity Company          | PRISA                                                                                                               | 7,462,426            | 8,794,589            |
| *   | Prudential Retirement Insurance and Annuity Company          | Times Square Small Cap Growth Fund                                                                                  | 816,966              | 3,167,107            |
| *   | Prudential Retirement Insurance and Annuity Company          | Kennedy Capital Small Cap-Value                                                                                     | 1,717,883            | 3,216,455            |
| *   | Prudential Retirement Insurance and Annuity Company          | Private Placement Fund                                                                                              | 3,598,793            | 4,048,793            |
| *   | Prudential Retirement Insurance and Annuity Company          | SSGA International Index                                                                                            | 1,494,338            | 3,052,180            |
| *   | Prudential Retirement Insurance and Annuity Company          | Thornberg International Blend                                                                                       | 3,019,499            | 2,979,726            |
|     |                                                              |                                                                                                                     | <u>34,365,722</u>    | <u>53,261,082</u>    |
|     | Guaranteed deposit account                                   |                                                                                                                     |                      |                      |
| *   | Prudential Retirement Insurance and Annuity Company          | Guaranteed Deposit Account                                                                                          | 851,931              | 863,071              |
|     |                                                              |                                                                                                                     | <u>\$ 64,283,006</u> | <u>\$ 82,308,537</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, 2015**

| (a)<br>Identity of party involved                     | (b)<br>Description of asset<br>(include interest rate and<br>maturity in case of a loan) | (c)<br>Purchase<br>price | (d)<br>Selling<br>price | (e)<br>Lease<br>rental | (f)<br>Expense<br>incurred<br>with<br>transaction | (g)<br>Cost of<br>asset | (h)<br>Current value<br>of asset on<br>transaction<br>date | (i)<br>Net<br>gain<br>(loss) |
|-------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------|-------------------------|------------------------|---------------------------------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Series of transactions:</b>                        |                                                                                          |                          |                         |                        |                                                   |                         |                                                            |                              |
| * Prudential Retirement Insurance and Annuity Company | Core Bond Enhanced Index / PIM                                                           | \$ -                     | \$ 8,308,854            | \$ -                   | \$ -                                              | \$ 7,657,921            | \$ 8,308,854                                               | \$ 650,933                   |
| Total number of sales: 3                              | Vanguard Long Term Bond Index                                                            | 15,997,000               | -                       | -                      | -                                                 | 15,997,000              | 15,997,000                                                 | -                            |
| Total number of purchases: 5                          | Legg Mason Western Core Asset Plus                                                       | -                        | 8,209,041               | -                      | -                                                 | 8,351,540               | 8,209,041                                                  | (142,499)                    |
| Total number of sales: 3                              |                                                                                          |                          |                         |                        |                                                   |                         |                                                            |                              |
| <b>Single transactions:</b>                           |                                                                                          |                          |                         |                        |                                                   |                         |                                                            |                              |
| * Prudential Retirement Insurance and Annuity Company | Core Bond Enhanced Index / PIM                                                           | \$ -                     | \$ 7,928,656            | \$ -                   | \$ -                                              | \$ 7,301,784            | \$ 7,928,656                                               | \$ 626,872                   |
| * Prudential Retirement Insurance and Annuity Company | Vanguard Long Term Bond Index                                                            | 8,199,105                | -                       | -                      | -                                                 | 8,199,105               | 8,199,105                                                  | -                            |
| * Prudential Retirement Insurance and Annuity Company | Vanguard Long Term Bond Index                                                            | 7,553,656                | -                       | -                      | -                                                 | 7,553,656               | 7,553,656                                                  | -                            |
| * Prudential Retirement Insurance and Annuity Company | Legg Mason Western Core Asset Plus                                                       | -                        | 8,199,105               | -                      | -                                                 | 8,341,587               | 8,199,105                                                  | (142,482)                    |

\* 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.

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## 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: Restatement – Amendment No. 29 (Effective January 1, 2015).

### 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.

### Service for vesting and benefits

Non-Union prior to January 1, 1998: Service as credited under the Prior Plan.

Non-Union, 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:

| Years of Benefit Service on July 31, 2006 |               |                |      |
|-------------------------------------------|---------------|----------------|------|
| Age                                       | > 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%
- (i) 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 the amount below times years of service:

| 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                               |



### **Accrued benefit (cont)**

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.



### **Death prior to retirement (cont)**

#### **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).

**Attachment to 2015 Form 5500 Schedule SB**  
**Line 22 --Weighted Average Retirement Age**

**Plan Name**      Legrand North America Retirement Plan  
**Sponsor's EIN**   60593670  
**Plan No.**         001

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

| <b>Age</b> | <b>Rates of Retirement</b> | <b>Lives</b> | <b>(a)</b>         | <b>(b)</b>               |
|------------|----------------------------|--------------|--------------------|--------------------------|
|            |                            |              | <b>Retirements</b> | <b>Retirements x Age</b> |
| 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         | 1.0000                     | -            | -                  | -                        |
| 67         | 1.0000                     | -            | -                  | -                        |
| 68         | 1.0000                     | -            | -                  | -                        |
| 69         | 1.0000                     | -            | -                  | -                        |
| 70         | 1.0000                     | -            | -                  | -                        |
| Total      |                            |              | 1,000              | 63,011                   |

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

**Attachment to Schedule SB (2015 Form 5500)**  
**Line 26 - Schedule of Active Participant Data**

**Legrand North America Retirement Plan**  
**EIN: 06-0593670    PN: 001**

| Completed Years of Credited Service |         |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
|-------------------------------------|---------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|-------------|------------|
| Attained Age                        | 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                            |         |            |        |            | 1      |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 30 to 34                            | 2       |            | 2      |            | 5      |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 35 to 39                            |         |            | 3      |            | 9      |            |          |            | 4        |            |          |            |          |            |          |            |          |            |             |            |
| 40 to 44                            |         |            | 4      |            | 9      |            | 10       |            | 3        |            |          |            | 1        |            |          |            |          |            |             |            |
| 45 to 49                            | 1       |            | 10     |            | 9      |            | 8        |            | 6        |            |          |            | 3        |            |          |            |          |            |             |            |
| 50 to 54                            |         |            | 9      |            | 5      |            | 12       |            | 7        |            | 6        |            | 5        |            | 10       |            | 1        |            |             |            |
| 55 to 59                            | 2       |            | 8      |            | 10     |            | 5        |            | 11       |            | 11       |            | 11       |            | 6        |            | 6        |            |             |            |
| 60 to 64                            |         |            | 1      |            | 11     |            | 3        |            | 7        |            | 5        |            | 5        |            | 4        |            | 6        |            | 6           |            |
| 65 to 69                            | 1       |            |        |            | 3      |            | 4        |            | 1        |            |          |            |          |            |          |            |          |            | 2           |            |
| 70 & over                           |         |            | 1      |            |        |            |          |            | 1        |            |          |            | 1        |            |          |            |          |            | 1           |            |

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br><small>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).</small><br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

► **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.

|                                                                                                                                                         |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>LEGRAND NORTH AMERICA RETIREMENT PLAN                                                                                          | <b>B</b> Three-digit plan number (PN) ►                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>THE WIREMOLD COMPANY                                                        | <b>D</b> Employer Identification Number (EIN)<br>06-0593670 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                             |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                             |     |

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 83,333,652                |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 81,366,596                |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 760                        | 38,533,242                | 38,533,242               |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 391                        | 8,955,329                 | 8,955,329                |
| <b>c</b> For active participants .....                                                                                                                                                                          | 278                        | 19,762,510                | 20,188,871               |
| <b>d</b> Total .....                                                                                                                                                                                            | 1,429                      | 67,251,081                | 67,677,442               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.28%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 767,078                   |                          |

**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.

|                                                                                                                                                                 |                          |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                | <br>Signature of actuary | <u>9/01/2016</u><br>Date<br>1405065<br>Most recent enrollment number<br>860-521-8400<br>Telephone number (including area code) |
| RICHARD S. SYCH<br>Type or print name of actuary<br>HOOKER & HOLCOMBE, INC.<br>Firm name<br>65 LASALLE RD<br>WEST HARTFORD CT 06107-2397<br>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) 2015  
v. 150123



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

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72% | 2nd segment:<br>6.11% | 3rd segment:<br>6.81%                               |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   |  | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |  |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--------------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |  |                     |                    |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           |  | <b>31a</b>          | 767,078            |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |  | <b>31b</b>          | 767,078            |
| <b>32</b> Amortization installments:                                                                                                                                                 |  |                     |                    |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |  | Outstanding Balance | Installment        |
|                                                                                                                                                                                      |  | 0                   | 0                  |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |  | 0                   | 0                  |
| <b>33</b> 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 ..... |  | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         |  | <b>34</b>           | 0                  |
|                                                                                                                                                                                      |  | Carryover balance   | Prefunding balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |  | 0                   | 0                  |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |  | <b>36</b>           | 0                  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |  | <b>37</b>           | 2,908,665          |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |  |                     |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |  | <b>38a</b>          | 2,908,665          |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |  | <b>38b</b>          | 0                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |  | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |  | <b>40</b>           | 0                  |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |  |                                                                                                                         |  |
|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |  |                                                                                                                         |  |
| <b>a</b> Schedule elected .....                                                                |  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |  | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              |  | <b>42</b>                                                                                                               |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... |  | <b>43</b>                                                                                                               |  |



### Exhibit F - 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 1/1/2015 |
| 1. 1/1/2009                                            | Shortfall    | \$0                      | 1               | \$0                                                    |
| 2. 1/1/2010                                            | Shortfall    | 0                        | 2               | 0                                                      |
| 3. 1/1/2011                                            | Shortfall    | 0                        | 3               | 0                                                      |
| 4. 1/1/2012                                            | Shortfall    | 0                        | 4               | 0                                                      |
| 5. 1/1/2013                                            | Shortfall    | 0                        | 5               | 0                                                      |
| 6. 1/1/2014                                            | Shortfall    | 0                        | 6               | 0                                                      |
| 7. 1/1/2015                                            | Shortfall    | 0                        | 7               | 0                                                      |
| <b>Total</b>                                           |              | 0                        |                 | 0                                                      |



## 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, 2015

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 changes in the actuarial assumptions listed below. (The assumptions used before and after these changes are more fully described in the next section.)

- Retirement (Union only)

With the exception of the valuation interest rate, the assumptions indicated were changed to represent the Enrolled Actuary's current best estimate of anticipated experience of the Plan.

#### Interest Rates

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

|         | 2015              |                        | 2014              |                        |
|---------|-------------------|------------------------|-------------------|------------------------|
| Segment | Before Adjustment | After Adjustment HATFA | Before Adjustment | After Adjustment HATFA |
| 1st     | 1.15%             | 4.72%                  | 1.37%             | 4.99%                  |
| 2nd     | 4.06%             | 6.11%                  | 4.05%             | 6.32%                  |
| 3rd     | 5.15%             | 6.81%                  | 5.06%             | 6.99%                  |



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.

### **PBGC premium**

PBGC spot segment rates for the month preceding the premium payment year. This method was last elected for the 2014 plan year. The rates are shown below.

|                         | 2015  | 2014  |
|-------------------------|-------|-------|
| 1 <sup>st</sup> segment | 1.48% | 1.25% |
| 2 <sup>nd</sup> segment | 3.77% | 4.57% |
| 3 <sup>rd</sup> segment | 4.79% | 5.60% |

### **Expected Return for Asset Smoothing**

| Year | Assumption | Not to Exceed |
|------|------------|---------------|
| 2015 | 7.50%      | 6.81%         |
| 2014 | 7.50%      | 6.99%         |
| 2013 | 8.00%      | 6.76%         |
| 2012 | 8.00%      | 7.52%         |

### **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**

Projected to date of decrement using Scale AA (generational mortality).

### **Inflation**

3.0%.

This assumption is based on long term (1926-2013) historical inflation numbers. While near term averages have been lower, we do not believe this trend will continue indefinitely and expect that there will be a reversion to the long term average.

### **Salary Scale (including inflation, Non-Union only)**

4.25%

The salary scale assumption is based on an analysis of the plan sponsor's actual experience over the last 10 years, and input from the plan sponsor regarding future expectations.



### Form of payment for those with account balances

100% of actives are assumed to elect a lump sum at termination, death or retirement. For terminated vested employees, 100% are assumed to elect a lump sum at age 65.

### Lump Sum Basis

Mortality: IRC §417(e) Applicable Mortality (IRS Rev. Ruling 2007-67).

Interest rates: Valuation basis.

### Interest credits

5% 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       | Rate |
| 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.

Current Valuation:

| Union |      |
|-------|------|
| Age   | Rate |
| 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 Prior Valuation: 100% at greater of age 63, or age on valuation date plus one year.

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



#### Termination prior to retirement

| Sample Male Rates |      | Sample Female Rates |      |
|-------------------|------|---------------------|------|
| Age               | Rate | Age                 | Rate |
| 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)

| Sample Male Rates |       | Sample Female Rates |       |
|-------------------|-------|---------------------|-------|
| Age               | Rate  | Age                 | Rate  |
| 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 |

#### 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.

## Schedule SB, line 24 - Change in Actuarial Assumptions

### Current Union Retirement Assumption

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 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.

### Prior Union Retirement Assumption

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

**Legrand North America Retirement Plan**

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

**December 31, 2015 and 2014**

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# Legrand North America Retirement Plan

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## 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, 2015 and 2014, 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, 2015, 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 ("DOL") 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 5, 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, 2015 and 2014, 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 Assets (Held at End of Year) (Schedule H, Line 4i) and Schedule of Reportable Transactions (Schedule H, Line 4j) as of or for the year ended December 31, 2015 are required by the DOL's 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 DOL's and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "Cohn Reznick LLP".

Hartford, Connecticut  
October 3, 2016

**Legrand North America Retirement Plan**

**Statements of Net Assets Available for Benefits  
December 31, 2015 and 2014**

|                                   | <u>2015</u>          | <u>2014</u>          |
|-----------------------------------|----------------------|----------------------|
| Assets                            |                      |                      |
| Investments, at fair value        | <u>\$ 82,308,537</u> | <u>\$ 82,335,543</u> |
| Total investments                 | 82,308,537           | 82,335,543           |
| Receivables                       |                      |                      |
| Employer contributions            | <u>-</u>             | <u>1,000,000</u>     |
| Net assets available for benefits | <u>\$ 82,308,537</u> | <u>\$ 83,335,543</u> |

See Notes to Financial Statements.

# **Legrand North America Retirement Plan**

## **Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2015 and 2014**

|                                                              | <u>2015</u>          | <u>2014</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| Additions                                                    |                      |                      |
| Investment income (loss)                                     |                      |                      |
| Net appreciation (depreciation) in fair value of investments | \$ (552,419)         | \$ 3,243,770         |
| Interest and dividend income                                 | <u>1,744,397</u>     | <u>1,454,050</u>     |
| Total investment income                                      | 1,191,978            | 4,697,820            |
| Contributions                                                |                      |                      |
| Employer                                                     | <u>3,000,000</u>     | <u>4,000,000</u>     |
| Total additions                                              | <u>4,191,978</u>     | <u>8,697,820</u>     |
| Deductions                                                   |                      |                      |
| Benefits paid to participants                                | 5,099,924            | 4,724,122            |
| Administrative expenses                                      | <u>119,060</u>       | <u>74,691</u>        |
| Total deductions                                             | <u>5,218,984</u>     | <u>4,798,813</u>     |
| Net increase (decrease) in net assets                        | (1,027,006)          | 3,899,007            |
| Net assets available for benefits                            |                      |                      |
| Beginning                                                    | <u>83,335,543</u>    | <u>79,436,536</u>    |
| End                                                          | <u>\$ 82,308,537</u> | <u>\$ 83,335,543</u> |

See Notes to Financial Statements.

**Legrand North America Retirement Plan**

**Statement of Accumulated Plan Benefits  
December 31, 2015**

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments

\$ 36,609,067

Terminated vested participants

7,972,929

Active and transferred participants

17,641,380

Total

62,223,376

Nonvested benefits

397,552

Total actuarial present value of accumulated plan benefits

\$ 62,620,928

See Notes to Financial Statements.

## Legrand North America Retirement Plan

### Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2015

|                                                                           |                      |
|---------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | <u>\$ 63,737,286</u> |
| Increase (decrease) during the year attributable to                       |                      |
| Benefits accumulated                                                      | 171,633              |
| Increase for interest due to the decrease in the discount period          | 4,606,342            |
| Change in actuarial assumptions                                           | (1,170,130)          |
| Benefits paid                                                             | <u>(4,724,203)</u>   |
| Net decrease                                                              | <u>(1,116,358)</u>   |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 62,620,928</u> |

See Notes to Financial Statements.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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.

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).

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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.

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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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).

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.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

#### 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.

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, 2015 and 2014, 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 65<sup>th</sup> 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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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.

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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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.

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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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 2015, the trustee contributed \$27,553, into the revenue credit account. During 2015, the Company used \$27,553 from the account to pay Plan expenses.

#### **Note 2 - Summary of accounting policies**

##### **Basis of accounting**

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

##### **Adoption of accounting standard**

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Parts I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has elected to adopt Part II early.

##### **Administrative expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) 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 4 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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **Payment of benefits**

Benefits are recorded when paid.

#### **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, 2015 and 2014.

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.

#### **Use of estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") 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 3, 2016, 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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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 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, 2015.

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 - 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:
  - 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; and
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

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, 2015 and 2014.

*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 ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Pooled separate accounts:* Valued at the accumulation unit value ("AUV") of units held by the Plan at year-end. The AUV is based on the value of underlying investments, which are valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing less its liabilities and account charges, plus any applicable dividend income, then divided by the number of units outstanding. The accounts allow for daily redemptions and contributions.

*Guaranteed deposit 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 by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

|                                 | 2015          |               |            |               |
|---------------------------------|---------------|---------------|------------|---------------|
|                                 | Level 1       | Level 2       | Level 3    | Total         |
| Mutual funds                    | \$ 28,184,384 | \$ -          | \$ -       | \$ 28,184,384 |
| Pooled separate accounts        | -             | 53,261,082    | -          | 53,261,082    |
| Guaranteed deposit account      | -             | -             | 863,071    | 863,071       |
| Total investments at fair value | \$ 28,184,384 | \$ 53,261,082 | \$ 863,071 | \$ 82,308,537 |

  

|                                 | 2014          |               |              |               |
|---------------------------------|---------------|---------------|--------------|---------------|
|                                 | Level 1       | Level 2       | Level 3      | Total         |
| Mutual funds                    | \$ 20,453,570 | \$ -          | \$ -         | \$ 20,453,570 |
| Pooled separate accounts        | -             | 60,688,636    | -            | 60,688,636    |
| Guaranteed deposit account      | -             | -             | 1,193,337    | 1,193,337     |
| Total investments at fair value | \$ 20,453,570 | \$ 60,688,636 | \$ 1,193,337 | \$ 82,335,543 |

For years ended December 31, 2015 and 2014, there were no significant transfers between levels.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

The following tables set forth the changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2015 and 2014:

|                            | <u>2015</u>        | <u>2014</u>         |
|----------------------------|--------------------|---------------------|
| Guaranteed deposit account |                    |                     |
| Balance, beginning of year | \$ 1,193,337       | \$ 1,124,447        |
| Purchases                  | 4,884,898          | 4,803,357           |
| Sales                      | <u>(5,215,164)</u> | <u>(4,734,467)</u>  |
| Balance, end of year       | <u>\$ 863,071</u>  | <u>\$ 1,193,337</u> |

#### 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:

| <u>2015</u>                |              |                               |                                       |                                                                                                     |                  |
|----------------------------|--------------|-------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|
| Instrument                 | Fair value   | Principal valuation technique | Significant unobservable inputs       | Range of significant input values                                                                   | Weighted average |
| Guaranteed deposit account | \$ 863,071   | 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         | 0.995926-1.136546                                                                                   | 1.013076         |
| <u>2014</u>                |              |                               |                                       |                                                                                                     |                  |
| 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         |

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.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

#### Note 5 - 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, 2015 and 2014, and investment income (loss) 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 6 - 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.

GAAP 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 2012.

#### Note 7 - 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.

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:

|                        | <u>December 31, 2014</u>        | <u>December 31, 2015</u>        |
|------------------------|---------------------------------|---------------------------------|
| Mortality              | RP-2014/MP2015                  | RP-2014/MP2014                  |
| Investment return rate | 7.5% per annum                  | 7.5% per annum                  |
| Retirement age         | Retirement is assumed at age 63 | Retirement is assumed at age 63 |

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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, 2015 and 2014. Had the valuations been performed as of December 31, 2014 and 2013, there would be no material differences.

#### **Note 8 - 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 (depreciation) 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 \$119,060 and \$74,691 for the years ended December 31, 2015 and 2014, respectively. In addition, included in administrative expenses for 2015 and 2014 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.

#### **Note 9 - 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 10 - 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 3.05% and 2.70% to amounts received prior to January 1, 2015 and 2014, respectively, and 2.85% and 2.50% to amounts received in 2015 and 2014, respectively.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

#### Note 11 - 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>2015</u>          | <u>2014</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 82,308,537        | \$ 83,335,543        |
| Fair value to contract value adjustment                        | <u>(11,141)</u>      | <u>(29,572)</u>      |
| Net assets available for benefits per Form 5500                | <u>\$ 82,297,396</u> | <u>\$ 83,305,971</u> |

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, 2015:

|                                                                                              | <u>2015</u>           |
|----------------------------------------------------------------------------------------------|-----------------------|
| Net decrease in net assets per the statement of changes in net assets available for benefits | \$ (1,027,006)        |
| Current year fair value adjustment                                                           | (11,141)              |
| Prior year fair value adjustment                                                             | <u>29,572</u>         |
| Net change per Form 5500                                                                     | <u>\$ (1,008,575)</u> |

## **Supplementary Information**

**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, 2015**

| (a) | (b) Identity of issuer, borrower,<br>lessor or similar party | (c) Description of investment<br>including maturity date, rate<br>of interest, collateral, par or<br>maturity value | (d) Cost             | (e) Current<br>value |
|-----|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | <b>Mutual funds</b>                                          |                                                                                                                     |                      |                      |
| *   | Prudential Bank & Trust, FSB                                 | Oppenheimer Developing Markets Fund                                                                                 | \$ 4,349,275         | \$ 3,766,147         |
| *   | Prudential Retirement Insurance and Annuity Company          | Vanguard Long Term Bond Index                                                                                       | 16,117,823           | 16,141,258           |
| *   | Prudential Retirement Insurance and Annuity Company          | Prudential Total Return Bond                                                                                        | 8,598,255            | 8,276,979            |
|     |                                                              |                                                                                                                     | <u>29,065,353</u>    | <u>28,184,384</u>    |
|     | <b>Pooled separate accounts</b>                              |                                                                                                                     |                      |                      |
| *   | Prudential Retirement Insurance and Annuity Company          | Dryden S&P 500 Index Fund                                                                                           | 5,574,046            | 10,168,222           |
| *   | Prudential Retirement Insurance and Annuity Company          | MFS Large Cap Growth Fund                                                                                           | 5,280,092            | 9,152,260            |
| *   | Prudential Retirement Insurance and Annuity Company          | LSV Asset Management Large Cap Value Fund                                                                           | 5,401,679            | 8,681,750            |
| *   | Prudential Retirement Insurance and Annuity Company          | PRISA                                                                                                               | 7,462,426            | 8,794,589            |
| *   | Prudential Retirement Insurance and Annuity Company          | Times Square Small Cap Growth Fund                                                                                  | 816,966              | 3,167,107            |
| *   | Prudential Retirement Insurance and Annuity Company          | Kennedy Capital Small Cap-Value                                                                                     | 1,717,883            | 3,216,455            |
| *   | Prudential Retirement Insurance and Annuity Company          | Private Placement Fund                                                                                              | 3,598,793            | 4,048,793            |
| *   | Prudential Retirement Insurance and Annuity Company          | SSGA International Index                                                                                            | 1,494,338            | 3,052,180            |
| *   | Prudential Retirement Insurance and Annuity Company          | Thornberg International Blend                                                                                       | 3,019,499            | 2,979,726            |
|     |                                                              |                                                                                                                     | <u>34,365,722</u>    | <u>53,261,082</u>    |
|     | <b>Guaranteed deposit account</b>                            |                                                                                                                     |                      |                      |
| *   | Prudential Retirement Insurance and Annuity Company          | Guaranteed Deposit Account                                                                                          | 851,931              | 863,071              |
|     |                                                              |                                                                                                                     | <u>\$ 64,283,006</u> | <u>\$ 82,308,537</u> |
| *   | <b>Party-in-interest</b>                                     |                                                                                                                     |                      |                      |

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, 2015**

| (a)<br>Identity of party involved                     | (b)<br>Description of asset<br>(include interest rate and<br>maturity in case of a loan) | (c)<br>Purchase<br>price | (d)<br>Selling<br>price | (e)<br>Lease<br>rental | (f)<br>Expense<br>incurred<br>with<br>transaction | (g)<br>Cost of<br>asset | (h)<br>Current value<br>of asset on<br>transaction<br>date | (i)<br>Net<br>gain<br>(loss) |
|-------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------|-------------------------|------------------------|---------------------------------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Series of transactions:</b>                        |                                                                                          |                          |                         |                        |                                                   |                         |                                                            |                              |
| * Prudential Retirement Insurance and Annuity Company | Core Bond Enhanced Index / PIM                                                           | \$ -                     | \$ 8,308,854            | \$ -                   | \$ -                                              | \$ 7,657,921            | \$ 8,308,854                                               | \$ 650,933                   |
| Total number of sales: 3                              | Vanguard Long Term Bond Index                                                            | 15,997,000               | -                       | -                      | -                                                 | 15,997,000              | 15,997,000                                                 | -                            |
| Total number of purchases: 5                          | Legg Mason Western Core Asset Plus                                                       | -                        | 8,209,041               | -                      | -                                                 | 8,351,540               | 8,209,041                                                  | (142,499)                    |
| Total number of sales: 3                              |                                                                                          |                          |                         |                        |                                                   |                         |                                                            |                              |
| <b>Single transactions:</b>                           |                                                                                          |                          |                         |                        |                                                   |                         |                                                            |                              |
| * Prudential Retirement Insurance and Annuity Company | Core Bond Enhanced Index / PIM                                                           | \$ -                     | \$ 7,928,656            | \$ -                   | \$ -                                              | \$ 7,301,784            | \$ 7,928,656                                               | \$ 626,872                   |
| * Prudential Retirement Insurance and Annuity Company | Vanguard Long Term Bond Index                                                            | 8,199,105                | -                       | -                      | -                                                 | 8,199,105               | 8,199,105                                                  | -                            |
| * Prudential Retirement Insurance and Annuity Company | Vanguard Long Term Bond Index                                                            | 7,553,656                | -                       | -                      | -                                                 | 7,553,656               | 7,553,656                                                  | -                            |
| * Prudential Retirement Insurance and Annuity Company | Legg Mason Western Core Asset Plus                                                       | -                        | 8,199,105               | -                      | -                                                 | 8,341,587               | 8,199,105                                                  | (142,482)                    |

\* 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.



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**Legrand North America Retirement Plan**

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

**December 31, 2015 and 2014**

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# Legrand North America Retirement Plan

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## 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, 2015 and 2014, 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, 2015, 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 ("DOL") 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 5, 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, 2015 and 2014, 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 Assets (Held at End of Year) (Schedule H, Line 4i) and Schedule of Reportable Transactions (Schedule H, Line 4j) as of or for the year ended December 31, 2015 are required by the DOL's 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 DOL's and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "Cohn Reznick LLP".

Hartford, Connecticut  
October 3, 2016

**Legrand North America Retirement Plan**

**Statements of Net Assets Available for Benefits  
December 31, 2015 and 2014**

|                                   | <u>2015</u>          | <u>2014</u>          |
|-----------------------------------|----------------------|----------------------|
| Assets                            |                      |                      |
| Investments, at fair value        | <u>\$ 82,308,537</u> | <u>\$ 82,335,543</u> |
| Total investments                 | 82,308,537           | 82,335,543           |
| Receivables                       |                      |                      |
| Employer contributions            | <u>-</u>             | <u>1,000,000</u>     |
| Net assets available for benefits | <u>\$ 82,308,537</u> | <u>\$ 83,335,543</u> |

See Notes to Financial Statements.

# **Legrand North America Retirement Plan**

## **Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2015 and 2014**

|                                                              | <u>2015</u>          | <u>2014</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| Additions                                                    |                      |                      |
| Investment income (loss)                                     |                      |                      |
| Net appreciation (depreciation) in fair value of investments | \$ (552,419)         | \$ 3,243,770         |
| Interest and dividend income                                 | <u>1,744,397</u>     | <u>1,454,050</u>     |
| Total investment income                                      | 1,191,978            | 4,697,820            |
| Contributions                                                |                      |                      |
| Employer                                                     | <u>3,000,000</u>     | <u>4,000,000</u>     |
| Total additions                                              | <u>4,191,978</u>     | <u>8,697,820</u>     |
| Deductions                                                   |                      |                      |
| Benefits paid to participants                                | 5,099,924            | 4,724,122            |
| Administrative expenses                                      | <u>119,060</u>       | <u>74,691</u>        |
| Total deductions                                             | <u>5,218,984</u>     | <u>4,798,813</u>     |
| Net increase (decrease) in net assets                        | (1,027,006)          | 3,899,007            |
| Net assets available for benefits                            |                      |                      |
| Beginning                                                    | <u>83,335,543</u>    | <u>79,436,536</u>    |
| End                                                          | <u>\$ 82,308,537</u> | <u>\$ 83,335,543</u> |

See Notes to Financial Statements.

**Legrand North America Retirement Plan**

**Statement of Accumulated Plan Benefits  
December 31, 2015**

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments

\$ 36,609,067

Terminated vested participants

7,972,929

Active and transferred participants

17,641,380

Total

62,223,376

Nonvested benefits

397,552

Total actuarial present value of accumulated plan benefits

\$ 62,620,928

See Notes to Financial Statements.

## Legrand North America Retirement Plan

### Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2015

|                                                                           |                      |
|---------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | <u>\$ 63,737,286</u> |
| Increase (decrease) during the year attributable to                       |                      |
| Benefits accumulated                                                      | 171,633              |
| Increase for interest due to the decrease in the discount period          | 4,606,342            |
| Change in actuarial assumptions                                           | (1,170,130)          |
| Benefits paid                                                             | <u>(4,724,203)</u>   |
| Net decrease                                                              | <u>(1,116,358)</u>   |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 62,620,928</u> |

See Notes to Financial Statements.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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.

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).

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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.

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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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).

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.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

#### 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.

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, 2015 and 2014, 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 65<sup>th</sup> 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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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.

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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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.

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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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 2015, the trustee contributed \$27,553, into the revenue credit account. During 2015, the Company used \$27,553 from the account to pay Plan expenses.

#### **Note 2 - Summary of accounting policies**

##### **Basis of accounting**

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

##### **Adoption of accounting standard**

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Parts I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has elected to adopt Part II early.

##### **Administrative expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) 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 4 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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **Payment of benefits**

Benefits are recorded when paid.

#### **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, 2015 and 2014.

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.

#### **Use of estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") 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 3, 2016, 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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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 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, 2015.

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 - 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:
  - 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; and
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

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, 2015 and 2014.

*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 ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Pooled separate accounts:* Valued at the accumulation unit value ("AUV") of units held by the Plan at year-end. The AUV is based on the value of underlying investments, which are valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing less its liabilities and account charges, plus any applicable dividend income, then divided by the number of units outstanding. The accounts allow for daily redemptions and contributions.

*Guaranteed deposit 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 by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

|                                        | 2015                 |                      |                   |                      |
|----------------------------------------|----------------------|----------------------|-------------------|----------------------|
|                                        | Level 1              | Level 2              | Level 3           | Total                |
| Mutual funds                           | \$ 28,184,384        | \$ -                 | \$ -              | \$ 28,184,384        |
| Pooled separate accounts               | -                    | 53,261,082           | -                 | 53,261,082           |
| Guaranteed deposit account             | -                    | -                    | 863,071           | 863,071              |
| <b>Total investments at fair value</b> | <b>\$ 28,184,384</b> | <b>\$ 53,261,082</b> | <b>\$ 863,071</b> | <b>\$ 82,308,537</b> |

  

|                                        | 2014                 |                      |                     |                      |
|----------------------------------------|----------------------|----------------------|---------------------|----------------------|
|                                        | Level 1              | Level 2              | Level 3             | Total                |
| Mutual funds                           | \$ 20,453,570        | \$ -                 | \$ -                | \$ 20,453,570        |
| Pooled separate accounts               | -                    | 60,688,636           | -                   | 60,688,636           |
| Guaranteed deposit account             | -                    | -                    | 1,193,337           | 1,193,337            |
| <b>Total investments at fair value</b> | <b>\$ 20,453,570</b> | <b>\$ 60,688,636</b> | <b>\$ 1,193,337</b> | <b>\$ 82,335,543</b> |

For years ended December 31, 2015 and 2014, there were no significant transfers between levels.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

The following tables set forth the changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2015 and 2014:

|                            | <u>2015</u>        | <u>2014</u>         |
|----------------------------|--------------------|---------------------|
| Guaranteed deposit account |                    |                     |
| Balance, beginning of year | \$ 1,193,337       | \$ 1,124,447        |
| Purchases                  | 4,884,898          | 4,803,357           |
| Sales                      | <u>(5,215,164)</u> | <u>(4,734,467)</u>  |
| Balance, end of year       | <u>\$ 863,071</u>  | <u>\$ 1,193,337</u> |

#### 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:

| <u>2015</u>                |              |                               |                                       |                                                                                                     |                  |
|----------------------------|--------------|-------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|
| Instrument                 | Fair value   | Principal valuation technique | Significant unobservable inputs       | Range of significant input values                                                                   | Weighted average |
| Guaranteed deposit account | \$ 863,071   | 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         | 0.995926-1.136546                                                                                   | 1.013076         |
| <u>2014</u>                |              |                               |                                       |                                                                                                     |                  |
| 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         |

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.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

#### Note 5 - 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, 2015 and 2014, and investment income (loss) 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 6 - 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.

GAAP 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 2012.

#### Note 7 - 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.

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:

|                        | <u>December 31, 2014</u>        | <u>December 31, 2015</u>        |
|------------------------|---------------------------------|---------------------------------|
| Mortality              | RP-2014/MP2015                  | RP-2014/MP2014                  |
| Investment return rate | 7.5% per annum                  | 7.5% per annum                  |
| Retirement age         | Retirement is assumed at age 63 | Retirement is assumed at age 63 |

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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, 2015 and 2014. Had the valuations been performed as of December 31, 2014 and 2013, there would be no material differences.

#### **Note 8 - 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 (depreciation) 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 \$119,060 and \$74,691 for the years ended December 31, 2015 and 2014, respectively. In addition, included in administrative expenses for 2015 and 2014 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.

#### **Note 9 - 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 10 - 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 3.05% and 2.70% to amounts received prior to January 1, 2015 and 2014, respectively, and 2.85% and 2.50% to amounts received in 2015 and 2014, respectively.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

#### Note 11 - 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>2015</u>          | <u>2014</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 82,308,537        | \$ 83,335,543        |
| Fair value to contract value adjustment                        | <u>(11,141)</u>      | <u>(29,572)</u>      |
| Net assets available for benefits per Form 5500                | <u>\$ 82,297,396</u> | <u>\$ 83,305,971</u> |

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, 2015:

|                                                                                              | <u>2015</u>           |
|----------------------------------------------------------------------------------------------|-----------------------|
| Net decrease in net assets per the statement of changes in net assets available for benefits | \$ (1,027,006)        |
| Current year fair value adjustment                                                           | (11,141)              |
| Prior year fair value adjustment                                                             | <u>29,572</u>         |
| Net change per Form 5500                                                                     | <u>\$ (1,008,575)</u> |

## **Supplementary Information**

**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, 2015**

| (a) | (b) Identity of issuer, borrower,<br>lessor or similar party | (c) Description of investment<br>including maturity date, rate<br>of interest, collateral, par or<br>maturity value | (d) Cost             | (e) Current<br>value |
|-----|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | <b>Mutual funds</b>                                          |                                                                                                                     |                      |                      |
| *   | Prudential Bank & Trust, FSB                                 | Oppenheimer Developing Markets Fund                                                                                 | \$ 4,349,275         | \$ 3,766,147         |
| *   | Prudential Retirement Insurance and Annuity Company          | Vanguard Long Term Bond Index                                                                                       | 16,117,823           | 16,141,258           |
| *   | Prudential Retirement Insurance and Annuity Company          | Prudential Total Return Bond                                                                                        | 8,598,255            | 8,276,979            |
|     |                                                              |                                                                                                                     | <u>29,065,353</u>    | <u>28,184,384</u>    |
|     | <b>Pooled separate accounts</b>                              |                                                                                                                     |                      |                      |
| *   | Prudential Retirement Insurance and Annuity Company          | Dryden S&P 500 Index Fund                                                                                           | 5,574,046            | 10,168,222           |
| *   | Prudential Retirement Insurance and Annuity Company          | MFS Large Cap Growth Fund                                                                                           | 5,280,092            | 9,152,260            |
| *   | Prudential Retirement Insurance and Annuity Company          | LSV Asset Management Large Cap Value Fund                                                                           | 5,401,679            | 8,681,750            |
| *   | Prudential Retirement Insurance and Annuity Company          | PRISA                                                                                                               | 7,462,426            | 8,794,589            |
| *   | Prudential Retirement Insurance and Annuity Company          | Times Square Small Cap Growth Fund                                                                                  | 816,966              | 3,167,107            |
| *   | Prudential Retirement Insurance and Annuity Company          | Kennedy Capital Small Cap-Value                                                                                     | 1,717,883            | 3,216,455            |
| *   | Prudential Retirement Insurance and Annuity Company          | Private Placement Fund                                                                                              | 3,598,793            | 4,048,793            |
| *   | Prudential Retirement Insurance and Annuity Company          | SSGA International Index                                                                                            | 1,494,338            | 3,052,180            |
| *   | Prudential Retirement Insurance and Annuity Company          | Thornberg International Blend                                                                                       | 3,019,499            | 2,979,726            |
|     |                                                              |                                                                                                                     | <u>34,365,722</u>    | <u>53,261,082</u>    |
|     | <b>Guaranteed deposit account</b>                            |                                                                                                                     |                      |                      |
| *   | Prudential Retirement Insurance and Annuity Company          | Guaranteed Deposit Account                                                                                          | 851,931              | 863,071              |
|     |                                                              |                                                                                                                     | <u>\$ 64,283,006</u> | <u>\$ 82,308,537</u> |
| *   | <b>Party-in-interest</b>                                     |                                                                                                                     |                      |                      |

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, 2015**

| (a)<br>Identity of party involved                     | (b)<br>Description of asset<br>(include interest rate and<br>maturity in case of a loan) | (c)<br>Purchase<br>price | (d)<br>Selling<br>price | (e)<br>Lease<br>rental | (f)<br>Expense<br>incurred<br>with<br>transaction | (g)<br>Cost of<br>asset | (h)<br>Current value<br>of asset on<br>transaction<br>date | (i)<br>Net<br>gain<br>(loss) |
|-------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------|-------------------------|------------------------|---------------------------------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Series of transactions:</b>                        |                                                                                          |                          |                         |                        |                                                   |                         |                                                            |                              |
| * Prudential Retirement Insurance and Annuity Company | Core Bond Enhanced Index / PIM                                                           | \$ -                     | \$ 8,308,854            | \$ -                   | \$ -                                              | \$ 7,657,921            | \$ 8,308,854                                               | \$ 650,933                   |
| Total number of sales: 3                              | Vanguard Long Term Bond Index                                                            | 15,997,000               | -                       | -                      | -                                                 | 15,997,000              | 15,997,000                                                 | -                            |
| Total number of purchases: 5                          | Legg Mason Western Core Asset Plus                                                       | -                        | 8,209,041               | -                      | -                                                 | 8,351,540               | 8,209,041                                                  | (142,499)                    |
| Total number of sales: 3                              |                                                                                          |                          |                         |                        |                                                   |                         |                                                            |                              |
| <b>Single transactions:</b>                           |                                                                                          |                          |                         |                        |                                                   |                         |                                                            |                              |
| * Prudential Retirement Insurance and Annuity Company | Core Bond Enhanced Index / PIM                                                           | \$ -                     | \$ 7,928,656            | \$ -                   | \$ -                                              | \$ 7,301,784            | \$ 7,928,656                                               | \$ 626,872                   |
| * Prudential Retirement Insurance and Annuity Company | Vanguard Long Term Bond Index                                                            | 8,199,105                | -                       | -                      | -                                                 | 8,199,105               | 8,199,105                                                  | -                            |
| * Prudential Retirement Insurance and Annuity Company | Vanguard Long Term Bond Index                                                            | 7,553,656                | -                       | -                      | -                                                 | 7,553,656               | 7,553,656                                                  | -                            |
| * Prudential Retirement Insurance and Annuity Company | Legg Mason Western Core Asset Plus                                                       | -                        | 8,199,105               | -                      | -                                                 | 8,341,587               | 8,199,105                                                  | (142,482)                    |

\* 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.

# COHN REZNICK

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**Legrand North America Retirement Plan**

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

**December 31, 2015 and 2014**

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# Legrand North America Retirement Plan

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## 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, 2015 and 2014, 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, 2015, 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 ("DOL") 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 5, 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, 2015 and 2014, 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 Assets (Held at End of Year) (Schedule H, Line 4i) and Schedule of Reportable Transactions (Schedule H, Line 4j) as of or for the year ended December 31, 2015 are required by the DOL's 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 DOL's and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Cohn Reznick LLP". The signature is written in a cursive, flowing style.

Hartford, Connecticut  
October 3, 2016

**Legrand North America Retirement Plan**

**Statements of Net Assets Available for Benefits  
December 31, 2015 and 2014**

|                                   | <u>2015</u>          | <u>2014</u>          |
|-----------------------------------|----------------------|----------------------|
| Assets                            |                      |                      |
| Investments, at fair value        | <u>\$ 82,308,537</u> | <u>\$ 82,335,543</u> |
| Total investments                 | 82,308,537           | 82,335,543           |
| Receivables                       |                      |                      |
| Employer contributions            | <u>-</u>             | <u>1,000,000</u>     |
| Net assets available for benefits | <u>\$ 82,308,537</u> | <u>\$ 83,335,543</u> |

See Notes to Financial Statements.

# **Legrand North America Retirement Plan**

## **Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2015 and 2014**

|                                                              | <u>2015</u>          | <u>2014</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| Additions                                                    |                      |                      |
| Investment income (loss)                                     |                      |                      |
| Net appreciation (depreciation) in fair value of investments | \$ (552,419)         | \$ 3,243,770         |
| Interest and dividend income                                 | <u>1,744,397</u>     | <u>1,454,050</u>     |
| Total investment income                                      | 1,191,978            | 4,697,820            |
| Contributions                                                |                      |                      |
| Employer                                                     | <u>3,000,000</u>     | <u>4,000,000</u>     |
| Total additions                                              | <u>4,191,978</u>     | <u>8,697,820</u>     |
| Deductions                                                   |                      |                      |
| Benefits paid to participants                                | 5,099,924            | 4,724,122            |
| Administrative expenses                                      | <u>119,060</u>       | <u>74,691</u>        |
| Total deductions                                             | <u>5,218,984</u>     | <u>4,798,813</u>     |
| Net increase (decrease) in net assets                        | (1,027,006)          | 3,899,007            |
| Net assets available for benefits                            |                      |                      |
| Beginning                                                    | <u>83,335,543</u>    | <u>79,436,536</u>    |
| End                                                          | <u>\$ 82,308,537</u> | <u>\$ 83,335,543</u> |

See Notes to Financial Statements.

**Legrand North America Retirement Plan**

**Statement of Accumulated Plan Benefits  
December 31, 2015**

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments

\$ 36,609,067

Terminated vested participants

7,972,929

Active and transferred participants

17,641,380

Total

62,223,376

Nonvested benefits

397,552

Total actuarial present value of accumulated plan benefits

\$ 62,620,928

See Notes to Financial Statements.

## Legrand North America Retirement Plan

### Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2015

|                                                                           |                      |
|---------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | <u>\$ 63,737,286</u> |
| Increase (decrease) during the year attributable to                       |                      |
| Benefits accumulated                                                      | 171,633              |
| Increase for interest due to the decrease in the discount period          | 4,606,342            |
| Change in actuarial assumptions                                           | (1,170,130)          |
| Benefits paid                                                             | <u>(4,724,203)</u>   |
| Net decrease                                                              | <u>(1,116,358)</u>   |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 62,620,928</u> |

See Notes to Financial Statements.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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.

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).

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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.

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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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).

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.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

#### 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.

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, 2015 and 2014, 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 65<sup>th</sup> 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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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.

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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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.

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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **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 2015, the trustee contributed \$27,553, into the revenue credit account. During 2015, the Company used \$27,553 from the account to pay Plan expenses.

#### **Note 2 - Summary of accounting policies**

##### **Basis of accounting**

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

##### **Adoption of accounting standard**

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Parts I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has elected to adopt Part II early.

##### **Administrative expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) 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 4 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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

#### **Payment of benefits**

Benefits are recorded when paid.

#### **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, 2015 and 2014.

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.

#### **Use of estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") 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 3, 2016, 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.

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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 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, 2015.

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 - 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:
  - 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; and
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

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, 2015 and 2014.

*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 ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Pooled separate accounts:* Valued at the accumulation unit value ("AUV") of units held by the Plan at year-end. The AUV is based on the value of underlying investments, which are valued using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments including matrix pricing less its liabilities and account charges, plus any applicable dividend income, then divided by the number of units outstanding. The accounts allow for daily redemptions and contributions.

*Guaranteed deposit 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 by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

|                                 | 2015          |               |            |               |
|---------------------------------|---------------|---------------|------------|---------------|
|                                 | Level 1       | Level 2       | Level 3    | Total         |
| Mutual funds                    | \$ 28,184,384 | \$ -          | \$ -       | \$ 28,184,384 |
| Pooled separate accounts        | -             | 53,261,082    | -          | 53,261,082    |
| Guaranteed deposit account      | -             | -             | 863,071    | 863,071       |
| Total investments at fair value | \$ 28,184,384 | \$ 53,261,082 | \$ 863,071 | \$ 82,308,537 |

  

|                                 | 2014          |               |              |               |
|---------------------------------|---------------|---------------|--------------|---------------|
|                                 | Level 1       | Level 2       | Level 3      | Total         |
| Mutual funds                    | \$ 20,453,570 | \$ -          | \$ -         | \$ 20,453,570 |
| Pooled separate accounts        | -             | 60,688,636    | -            | 60,688,636    |
| Guaranteed deposit account      | -             | -             | 1,193,337    | 1,193,337     |
| Total investments at fair value | \$ 20,453,570 | \$ 60,688,636 | \$ 1,193,337 | \$ 82,335,543 |

For years ended December 31, 2015 and 2014, there were no significant transfers between levels.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

The following tables set forth the changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2015 and 2014:

|                            | <u>2015</u>        | <u>2014</u>         |
|----------------------------|--------------------|---------------------|
| Guaranteed deposit account |                    |                     |
| Balance, beginning of year | \$ 1,193,337       | \$ 1,124,447        |
| Purchases                  | 4,884,898          | 4,803,357           |
| Sales                      | <u>(5,215,164)</u> | <u>(4,734,467)</u>  |
| Balance, end of year       | <u>\$ 863,071</u>  | <u>\$ 1,193,337</u> |

#### 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:

| <u>2015</u>                |              |                               |                                       |                                                                                                     |                  |
|----------------------------|--------------|-------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|
| Instrument                 | Fair value   | Principal valuation technique | Significant unobservable inputs       | Range of significant input values                                                                   | Weighted average |
| Guaranteed deposit account | \$ 863,071   | 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         | 0.995926-1.136546                                                                                   | 1.013076         |
| <u>2014</u>                |              |                               |                                       |                                                                                                     |                  |
| 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         |

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.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

#### Note 5 - 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, 2015 and 2014, and investment income (loss) 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 6 - 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.

GAAP 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 2012.

#### Note 7 - 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.

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:

|                        | <u>December 31, 2014</u>        | <u>December 31, 2015</u>        |
|------------------------|---------------------------------|---------------------------------|
| Mortality              | RP-2014/MP2015                  | RP-2014/MP2014                  |
| Investment return rate | 7.5% per annum                  | 7.5% per annum                  |
| Retirement age         | Retirement is assumed at age 63 | Retirement is assumed at age 63 |

## **Legrand North America Retirement Plan**

### **Notes to Financial Statements December 31, 2015 and 2014**

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, 2015 and 2014. Had the valuations been performed as of December 31, 2014 and 2013, there would be no material differences.

#### **Note 8 - 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 (depreciation) 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 \$119,060 and \$74,691 for the years ended December 31, 2015 and 2014, respectively. In addition, included in administrative expenses for 2015 and 2014 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.

#### **Note 9 - 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 10 - 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 3.05% and 2.70% to amounts received prior to January 1, 2015 and 2014, respectively, and 2.85% and 2.50% to amounts received in 2015 and 2014, respectively.

## Legrand North America Retirement Plan

### Notes to Financial Statements December 31, 2015 and 2014

#### Note 11 - 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>2015</u>          | <u>2014</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 82,308,537        | \$ 83,335,543        |
| Fair value to contract value adjustment                        | <u>(11,141)</u>      | <u>(29,572)</u>      |
| Net assets available for benefits per Form 5500                | <u>\$ 82,297,396</u> | <u>\$ 83,305,971</u> |

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, 2015:

|                                                                                              | <u>2015</u>           |
|----------------------------------------------------------------------------------------------|-----------------------|
| Net decrease in net assets per the statement of changes in net assets available for benefits | \$ (1,027,006)        |
| Current year fair value adjustment                                                           | (11,141)              |
| Prior year fair value adjustment                                                             | <u>29,572</u>         |
| Net change per Form 5500                                                                     | <u>\$ (1,008,575)</u> |

## **Supplementary Information**

**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, 2015**

| (a) | (b) Identity of issuer, borrower,<br>lessor or similar party | (c) Description of investment<br>including maturity date, rate<br>of interest, collateral, par or<br>maturity value | (d) Cost      | (e) Current<br>value |
|-----|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------|----------------------|
|     | Mutual funds                                                 |                                                                                                                     |               |                      |
| *   | Prudential Bank & Trust, FSB                                 | Oppenheimer Developing Markets Fund                                                                                 | \$ 4,349,275  | \$ 3,766,147         |
| *   | Prudential Retirement Insurance and Annuity Company          | Vanguard Long Term Bond Index                                                                                       | 16,117,823    | 16,141,258           |
| *   | Prudential Retirement Insurance and Annuity Company          | Prudential Total Return Bond                                                                                        | 8,598,255     | 8,276,979            |
|     |                                                              |                                                                                                                     | 29,065,353    | 28,184,384           |
|     | Pooled separate accounts                                     |                                                                                                                     |               |                      |
| *   | Prudential Retirement Insurance and Annuity Company          | Dryden S&P 500 Index Fund                                                                                           | 5,574,046     | 10,168,222           |
| *   | Prudential Retirement Insurance and Annuity Company          | MFS Large Cap Growth Fund                                                                                           | 5,280,092     | 9,152,260            |
| *   | Prudential Retirement Insurance and Annuity Company          | LSV Asset Management Large Cap Value Fund                                                                           | 5,401,679     | 8,681,750            |
| *   | Prudential Retirement Insurance and Annuity Company          | PRISA                                                                                                               | 7,462,426     | 8,794,589            |
| *   | Prudential Retirement Insurance and Annuity Company          | Times Square Small Cap Growth Fund                                                                                  | 816,966       | 3,167,107            |
| *   | Prudential Retirement Insurance and Annuity Company          | Kennedy Capital Small Cap-Value                                                                                     | 1,717,883     | 3,216,455            |
| *   | Prudential Retirement Insurance and Annuity Company          | Private Placement Fund                                                                                              | 3,598,793     | 4,048,793            |
| *   | Prudential Retirement Insurance and Annuity Company          | SSGA International Index                                                                                            | 1,494,338     | 3,052,180            |
| *   | Prudential Retirement Insurance and Annuity Company          | Thornberg International Blend                                                                                       | 3,019,499     | 2,979,726            |
|     |                                                              |                                                                                                                     | 34,365,722    | 53,261,082           |
|     | Guaranteed deposit account                                   |                                                                                                                     |               |                      |
| *   | Prudential Retirement Insurance and Annuity Company          | Guaranteed Deposit Account                                                                                          | 851,931       | 863,071              |
|     |                                                              |                                                                                                                     | \$ 64,283,006 | \$ 82,308,537        |
| *   | 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, 2015**

| (a)<br>Identity of party involved                     | (b)<br>Description of asset<br>(include interest rate and<br>maturity in case of a loan) | (c)<br>Purchase<br>price | (d)<br>Selling<br>price | (e)<br>Lease<br>rental | (f)<br>Expense<br>incurred<br>with<br>transaction | (g)<br>Cost of<br>asset | (h)<br>Current value<br>of asset on<br>transaction<br>date | (i)<br>Net<br>gain<br>(loss) |
|-------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------|-------------------------|------------------------|---------------------------------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <b>Series of transactions:</b>                        |                                                                                          |                          |                         |                        |                                                   |                         |                                                            |                              |
| * Prudential Retirement Insurance and Annuity Company | Core Bond Enhanced Index / PIM                                                           | \$ -                     | \$ 8,308,854            | \$ -                   | \$ -                                              | \$ 7,657,921            | \$ 8,308,854                                               | \$ 650,933                   |
| Total number of sales: 3                              | Vanguard Long Term Bond Index                                                            | 15,997,000               | -                       | -                      | -                                                 | 15,997,000              | 15,997,000                                                 | -                            |
| Total number of purchases: 5                          | Legg Mason Western Core Asset Plus                                                       | -                        | 8,209,041               | -                      | -                                                 | 8,351,540               | 8,209,041                                                  | (142,499)                    |
| Total number of sales: 3                              |                                                                                          |                          |                         |                        |                                                   |                         |                                                            |                              |
| <b>Single transactions:</b>                           |                                                                                          |                          |                         |                        |                                                   |                         |                                                            |                              |
| * Prudential Retirement Insurance and Annuity Company | Core Bond Enhanced Index / PIM                                                           | \$ -                     | \$ 7,928,656            | \$ -                   | \$ -                                              | \$ 7,301,784            | \$ 7,928,656                                               | \$ 626,872                   |
| * Prudential Retirement Insurance and Annuity Company | Vanguard Long Term Bond Index                                                            | 8,199,105                | -                       | -                      | -                                                 | 8,199,105               | 8,199,105                                                  | -                            |
| * Prudential Retirement Insurance and Annuity Company | Vanguard Long Term Bond Index                                                            | 7,553,656                | -                       | -                      | -                                                 | 7,553,656               | 7,553,656                                                  | -                            |
| * Prudential Retirement Insurance and Annuity Company | Legg Mason Western Core Asset Plus                                                       | -                        | 8,199,105               | -                      | -                                                 | 8,341,587               | 8,199,105                                                  | (142,482)                    |

\* 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.



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