Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 04/27/2006

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

SENSATA TECHNOLOGIES INC.

529 PLEASANT STREET
POST OFFICE BOX 2964
ATTLEBORO, MA 02703-0964

2b Employer Identification Number (EIN)
20-4297839

2c Plan Sponsor's telephone number
508-236-3800

2d Business code (see instructions)
335900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2018	JESSICA BRADBURY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ADMINISTRATION COMMITTEE SENSATA TECH. EMPLOYEE PENSION PLAN

529 PLEASANT STREET
POST OFFICE BOX 2964
ATTLEBORO, MA 02703-0964

3b Administrator's EIN: 20-4297839

3c Administrator's telephone number: 508-236-3800

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	402
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	299
a(2) Total number of active participants at the end of the plan year	**6a(2)**	251
b Retired or separated participants receiving benefits	**6b**	11
c Other retired or separated participants entitled to future benefits	**6c**	94
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	356
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	357
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☒	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☐		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SENSATA TECHNOLOGIES INC.

D Employer Identification Number (EIN)
20-4297839

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	52042061
b Actuarial value	**2b**	52831017

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	12	1598219	1598219
b For terminated vested participants	94	5849302	5849302
c For active participants	299	42112491	42560165
d Total	405	49560012	50007686

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.24 %
6 Target normal cost	**6**	126814

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

MARY GOBES

Type or print name of actuary

17-05925

Most recent enrollment number

MERCER

Firm name

617-747-9500

Telephone number (including area code)

99 HIGH STREET
BOSTON, MA 02110

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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.53 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.50%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.64%
15	Adjusted funding target attainment percentage	15	105.64%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	115.02%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/14/2018	3958895	0			
			Totals ► 18(b)	3958895	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3645189

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48%	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	4
22 Weighted average retirement age			**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	126814
b Excess assets, if applicable, but not greater than line 31a	**31b**	126814

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3645189
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3645189
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SENSATA TECHNOLOGIES INC.

D Employer Identification Number (EIN)
20-4297839

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

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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)

SEI INVESTMENTS

04-2452803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 25 28 49 50 51 52	NONE	186232	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50	NONE	164965	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20588	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SENSATA TECHNOLOGIES INC.

D Employer Identification Number (EIN)
20-4297839

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	3958895
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	52042061	41101409
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	52042061	45060304
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	156127	69815
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	156127	69815
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	51885934	44990489

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3958895	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3958895
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1238299	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1238299
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		2072534
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7269728
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13718716	
(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)		13718716
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)	185703	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	186232	
(4) Other	2i(4)	74522	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		446457
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14165173
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-6895445
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: KPMG LLP **(2)** EIN: 13-5565207

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	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4107741. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
SENSATA TECHNOLOGIES INC.

D Employer Identification Number (EIN)
20-4297839

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-2452803

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 44

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

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

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

Financial Statements and Supplemental Schedules
December 31, 2017 and 2016
(With Independent Auditors' Report Thereon)

SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

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* Other Supplemental Schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

KPMG LLP
One Financial Plaza, Suite 2300
Providence, RI 02903

Independent Auditors' Report

The Trustees and Participants
Sensata Technologies Employees Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Sensata Technologies Employees Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years 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 U.S. generally accepted accounting principles; 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 4, which was certified by SEI Private Trust Company, 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 Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan Administrator by the 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 H, Line 4i - schedule of assets (held at end of year) as of December 31, 2017 and schedule H, Line 4j - schedule of reportable transactions for the year ended December 31, 2017 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a

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KPMG

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 Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Providence, Rhode Island
June 22, 2018

SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value:		
Money market fund	$ 5,069,243	$ —
Mutual funds	36,032,166	52,042,061
Total assets	41,101,409	52,042,061
Liabilities		
Accrued expenses	69,815	156,127
Total liabilities	69,815	156,127
Net assets available for benefits	$ 41,031,594	$ 51,885,934

See accompanying notes to financial statements.

SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2017 and 2016

	2017	2016
Additions		
Investment income:		
Net appreciation in fair value of investments	$ 2,072,534	$ 1,197,066
Interest and dividend income	1,238,299	1,403,693
Total additions	3,310,833	2,600,759
Deductions		
Benefits paid	13,718,716	6,087,226
Administrative expenses	446,457	406,428
Total deductions	14,165,173	6,493,654
Net decrease	(10,854,340)	(3,892,895)
Net assets available for benefits at beginning of year	51,885,934	55,778,829
Net assets available for benefits at end of year	$ 41,031,594	$ 51,885,934

See accompanying notes to financial statements.

(1) Description of the Plan

The following description of the Sensata Technologies Employees Pension Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan was established on April 27, 2006, in connection with the acquisition of certain assets of the Sensors & Controls business of Texas Instruments, Inc. ("TI" or "Texas Instruments") by Sensata Technologies, Inc. ("Sensata Technologies" or "the Company"), and through a transfer of assets from the TI Employees Pension Plan.

The Plan is a noncontributory defined benefit retirement plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Participation in the Plan is limited to employees of Sensata Technologies who were employees of the Sensors & Controls business of Texas Instruments immediately prior to April 27, 2006, and who: (a) were participants in the TI Employees Pension Plan immediately prior to April 27, 2006; (b) were active employees of Sensata Technologies on April 27, 2006; (c) did not terminate employment with Texas Instruments or did not retire from Texas Instruments prior to April 27, 2006; and (d) had his or her accrued benefit under the TI Employees Pension Plan transferred to this Plan.

The Plan is currently administered under the terms of a Defined Benefit Trust Agreement, dated March 26, 2008, with SEI Private Trust Company ("the Trustee" or "SEI"). Mercer (US) Inc. ("Mercer") serves as the Plan's recordkeeper and actuary. The administration committee of the Plan serves as the Plan Administrator.

In December 2011, Sensata Technologies decided to freeze the Plan and eliminate future benefit accruals after January 31, 2012.

The amount of benefits an employee accrued prior to the freeze depended on when their participation in the Plan began and/or the date the employee was hired. The form of retirement benefit payments an employee elects to receive depends on the amount of the employee's benefit and whether they are married or single. Further information about the Plan and the benefit provisions is contained in the Summary Plan Description and the Plan Agreement. Copies of these documents are available in the Human Resources Department of Sensata Technologies.

(b) Funding

The Company contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to the Plan participants and satisfy the ERISA minimum funding requirements. The Plan has met the minimum funding requirements of ERISA for 2017 and 2016.

(c) Vesting

All participants are fully vested in their accrued benefits.

(d) Plan Termination

Although it has not expressed any intent to do so, the Company reserves the right under the Plan to discontinue its contributions at any time, and to terminate the Plan, subject to the provisions of ERISA.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on the funded status of the Plan, the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all. The maximum guaranteed benefit is $5,420 per month, or $65,045 per year, payable in the form of a straight life annuity, for a 65-year-old person in a plan that terminates in 2018.

(2) Significant Accounting Policies

(a) Basis of Accounting

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

(b) Payment of Benefits

Benefits are recorded when paid.

(c) Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan which consist primarily of trustee fees, PBGC fees, audit, and actuarial fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses are paid by the Company on behalf of the Plan.

(d) Investment Valuation

Investments held by the Plan are stated at fair value. Fair value is defined as 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 (i.e., an exit price). See note 6 for further discussion of fair value measurements.

Investments in mutual funds are based on the publicly quoted values on the last business day of the Plan year. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

(e) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee credited service rendered as of the valuation date. Discount rate is based on a settlement rate that the Plan believes would be inherent in an annuity contract with an insurance company in accordance with Accounting Standards Codification ("ASC") 960 *Plan Accounting-Defined Benefit Pension Plans.*

(f) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("U.S. GAAP") requires management to make estimates and assumptions that affect the amounts in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

(3) Accumulated Plan Benefits

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

The accumulated plan benefit information as of the beginning of the plan year is as follows:

	December 31, 2016
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Active participants	$ 44,784,983
Terminated vested participants	6,056,994
Participants currently in payment status	2,190,309
	53,032,286
Nonvested benefits[1]	663,702
	$ 53,695,988

[1] Represents the benefits expected to be paid to participants as a result of becoming eligible for the early retirement subsidy provided by the Plan.

The changes in actuarial present value of accumulated plan benefits are as follows:

	Year Ended December 31, 2016
Actuarial present value of accumulated plan benefits at December 31, 2015	$ 54,203,940
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	1,578,107
Benefits paid	(6,087,226)
Change in actuarial assumptions and (gains) losses	4,001,167
Net decrease	(507,952)
Actuarial present value of accumulated plan benefits at December 31, 2016	$ 53,695,988

The significant assumptions underlying the actuarial computations are as follows:

Discount rate	3.2% in 2016 and 3.1% in 2015
Retirement	Weighted-average retirement age 60.5 in 2016 and 2015
Mortality – other than lump sums	RP-2014 mortality tables with no collar adjustment and post-2006 improvements backed off, projected forward using the MP-2016 generational improvement scale (For 2015, the MP-2015 generational improvement scale was used).
Lump sums	For Section 417(e) lump sum determination, the applicable Section 417(e) mortality for lump sum payments during 2017 with segment rates of 3.75%, 4.25%, and 5.25% for the 1st, 2nd and 3rd segment respectively. For non Section 417(e) lump sum determination, the Blended 1994 Group Annuity Reserving Table projected to 2002 with a lump sum rate of 4.00%.
Blended commencement age for	
Future vested deferred	50% immediate, 50% deferred to age 65
Current vested deferred	50% immediate, 50% deferred to age 65

These 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.

(4) Information Certified by Trustee

The investments of the Plan are held in a trust account administered by SEI in its capacity as Trustee for the exclusive benefit of participants of the Plan and their beneficiaries.

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. Accordingly, SEI, has certified to the completeness and accuracy of the investments reflected in the accompanying statements of net assets available for benefits as of and for the years ended December 31, 2017 and 2016, and the investment information included in the supplemental schedules of the financial statements as of and for the year ended December 31, 2017. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified as complete and accurate by the Plan's Trustee for the respective periods.

(5) Related Party Transactions

Certain of the Plan's assets are invested in funds managed by the Trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

(6) Fair Value Measurements

ASC 820 *Fair Value Measurements and Disclosures* ("ASC 820") defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. Fair value is defined as 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 (i.e., an exit price). ASC 820 includes 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 - Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.

Level 2 - Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

Level 3 - Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety. The following tables set forth by type and level, within the fair value hierarchy, the Plan's investments carried at fair value as of December 31, 2017 and 2016:

	Investments at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Money market fund:				
Government fund	$ 5,069,243	$ —	$ —	$ 5,069,243
Mutual funds [1]:				
U.S. large cap equity	3,287,968	—	—	3,287,968
U.S. small / mid cap equity	942,370	—	—	942,370
Global managed volatility fund	1,287,775	—	—	1,287,775
International (non-U.S.) equity	1,788,333	—	—	1,788,333
Fixed income (U.S. investment grade)	27,507,102	—	—	27,507,102
High-yield fixed income	820,548	—	—	820,548
International (non-U.S.) fixed income	398,070	—	—	398,070
Total mutual funds at fair value	36,032,166	—	—	36,032,166
Total investments at fair value	$ 41,101,409	$ —	$ —	$ 41,101,409

	Investments at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Money market fund:				
Government fund	$ —	$ —	$ —	$ —
Mutual funds [1]:				
U.S. large cap equity	3,785,773	—	—	3,785,773
U.S. small / mid cap equity	2,109,024	—	—	2,109,024
Global managed volatility fund	—	—	—	—
International (non-U.S.) equity	2,867,109	—	—	2,867,109
Fixed income (U.S. investment grade)	42,052,584	—	—	42,052,584
High-yield fixed income	788,415	—	—	788,415
International (non-U.S.) fixed income	439,156	—	—	439,156
Total mutual funds at fair value	52,042,061	—	—	52,042,061
Total investments at fair value	$ 52,042,061	$ —	$ —	$ 52,042,061

[1] The Plan's investments are direct interests in mutual funds. Investment information by type and strategy is presented based on the underlying investments within the mutual fund.

(7) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

(8) Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated September 24, 2015, stating that the Plan is qualified under Section 401(a) of the IRS Code, and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRS Code to maintain its qualified status. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRS Code and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017 and 2016, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. 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 2014.

(9) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2017 and 2016.

	2017	2016
Net assets available for benefits per the financial statements	$ 41,031,594	$ 51,885,934
Additional Plan contributions made subsequent to the plan year end (Schedule SB)	3,958,895	—
Net assets available for benefits per the Form 5500	$ 44,990,489	$ 51,885,934

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2017 and 2016.

	2017	2016
Employer contributions per the financial statements	$ —	$ —
Additional Plan contributions made subsequent to the plan year end (Schedule SB)	3,958,895	—
Employer contributions per the Form 5500	$ 3,958,895	$ —

(10) Subsequent Events

Subsequent events after the net assets available for benefits date through the date that the financial statements were available to be issued, June 22, 2018, have been evaluated by the Plan's management in the preparation of the financial statements, and it has been determined that there are no items requiring disclosure.

SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #20-4297839 Plan #004
December 31, 2017

Identity of Issue	Description of Investment (Number of Shares)	Cost	Current Value
Money Market Funds:			
Government Fund *	5,069,243	$ 5,069,243	$ 5,069,243
Mutual Funds:			
SEI Intermediate Dur Credit A *	2,721,640	27,433,894	27,498,524
SEI Core Fixed Income A *	—	—	—
SEI S&P 500 Index A *	118,625	890,499	1,742,604
SEI Global Managed Volatility A *	106,077	1,048,811	1,287,775
SEI World Equity EX-U.S. A *	123,365	1,426,005	1,719,712
SEI US Managed Volatility A *	58,872	740,296	857,764
SEI Small/Mid Cap Equity A *	64,883	804,263	848,016
SEI Dynamic Asset Allocation A *	43,457	577,267	859,153
SEI High Yield Bond A *	90,782	828,713	820,548
SEI Emerging Markets Debt A *	38,836	417,564	398,070
Total Mutual Funds		6,733,418	8,533,642
Total Schedule of Assets		$ 39,236,555	$ 41,101,409

*Indicates party-in-interest to the Plan.

See accompanying Independent Auditors' Report.

SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #20-4297839 Plan #004
December 31, 2017

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
Category (i) – Single transaction in excess of 5% of Plan net assets:						
Government	Government Fund	$ 7,718,670	$ —	$ 7,718,670	$ 7,718,670	$ —
SEI	SEI Intermediate Dur Credit	$ 30,388,556	$ —	$ 30,388,556	$ 30,388,556	$ —
SEI	SEI Core Fixed Income Fund	$ —	$ 38,455,966	$ 38,759,008	$ 38,455,966	$ (303,042)
SEI	SEI Intermediate Dur Credit	$ —	$ 3,125,657	$ 3,125,629	$ 3,125,657	$ 28
Category (iii) – Series of transactions in excess of 5% of Plan net assets:						
SEI	SEI Core Fixed Income Fund [1]	$ 906,116	$ —	$ 906,116	$ 906,116	$ —
SEI	SEI Core Fixed Income Fund	$ 1,210,935	$ —	$ 1,210,935	$ 1,210,935	$ —
SEI	SEI Core Fixed Income Fund	$ —	$ 44,110,437	$ 44,491,151	$ 44,110,437	$ (380,714)
SEI	SEI Intermediate Dur Credit [1]	$ 140,739	$ —	$ 140,739	$ 140,739	$ —
SEI	SEI Intermediate Dur Credit	$ 32,373,613	$ —	$ 32,373,613	$ 32,373,613	$ —
SEI	SEI Intermediate Dur Credit	$ —	$ 5,079,947	$ 5,080,459	$ 5,079,947	$ (512)

There were no category (ii) or (iv) reportable transactions during the period.

[1] Consists of the purchase of shares through the reinvestment of cash dividends.

See accompanying Independent Auditors' Report.

Schedule SB, line 26 — Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE										
	UNDER 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & UP	TOTAL
Under 25											
25–29											
30–34											
35–39	2										2
40–44	1	7		2							10
45–49	1	6	3	3		8					21
50–54	2	7	17	6	1	22	12				67
55–59	3	5	4	7	3	25	26	34	2		109
60–64	2	5		1	4	15	7	31	15		80
65–69		2			2	2	1	3			10
70 & up											
Total	11	32	24	19	10	72	46	68	17		299

In each cell, the top number is the count of active participants as of 1/1/2017 for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

ACTUARIAL ASSUMPTIONS

DISCOUNT RATE SPONSOR ELECTIONS			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized	**Nonstabilized**	
• Effective Interest Rate (EIR)	5.24%	3.71%	
• First 5 years	4.16%	1.52%	
• Next 15 years	5.72%	3.80%	
• Over 20 years	6.48%	4.79%	
• Rationale	Prescribed by IRS		
MORTALITY SPONSOR ELECTIONS			
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.		
• Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995		
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits		
• Rationale	Prescribed by IRS		

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

417(E) LUMP SUMS	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality
• Rationale	Prescribed by IRS
NON-417(E) LUMP SUMS	
• Mortality table	Blended 1994 Group Annuity Reserving Table projected to 2002.
• Interest rate	4.00%
• Rationale	The interest rate is set based on long-term expected future 30-year Treasury rates.
EXPECTED RETURN ON ASSETS	4.50%
• Rationale	The expected return assumption for funding purposes was developed based on forward looking assumptions reflecting the plan's current target investment portfolio, Mercer Investment Consulting's Capital Market Outlook assumptions as of January 1, 2017, 20 basis points for investment management fee for a passively invested portfolio.
OTHER ECONOMIC ASSUMPTIONS	
• Salary increases	N/A
• Social Security wage base	N/A
• Expenses	$126,814 added to current year normal cost
• Rationale	100% of prior year actual expenses
DEMOGRAPHIC ASSUMPTIONS	
• Withdrawal	See table of sample rates.
• Disability incidence	See table of sample rates.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

<table>
<tr><td>• Retirement age</td><td colspan="2"><table><tr><th>ATTAINED AGE</th><th>PERCENTAGE</th></tr><tr><td>55-56</td><td>8.5%</td></tr><tr><td>57</td><td>9.5%</td></tr><tr><td>58</td><td>10%</td></tr><tr><td>59</td><td>12%</td></tr><tr><td>60</td><td>15%</td></tr><tr><td>61-62</td><td>25%</td></tr><tr><td>63</td><td>30%</td></tr><tr><td>64</td><td>35%</td></tr><tr><td>65</td><td>40%</td></tr><tr><td>66</td><td>37%</td></tr><tr><td>67-69</td><td>35%</td></tr><tr><td>70 and above</td><td>100%</td></tr></table></td></tr>
<tr><td>• Benefit commencement age for</td><td colspan="2"></td></tr>
<tr><td>– Future vested deferred</td><td colspan="2">50% Immediate, 50% deferred to age 65</td></tr>
<tr><td>– Current vested deferred</td><td colspan="2">50% Immediate, 50% deferred to age 65</td></tr>
<tr><td>• Spouse assumptions</td><td><u>MALE PARTICIPANTS</u></td><td><u>FEMALE PARTICIPANTS</u></td></tr>
<tr><td>– Percentage married</td><td>75%</td><td>75%</td></tr>
<tr><td>– Spouse age difference</td><td>3 years younger</td><td>3 years older</td></tr>
</table>

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Rationale	Based on prior experience and the expectation that the future demographic patterns and circumstances of the employer will not differ significantly from the period studied
FORM OF PAYMENT	100% lump sum
• Rationale	Based on prior experience and the expectation that the future demographic patterns and circumstances of the employer will not differ significantly from the period studied
UNPREDICTABLE CONTINGENT EVENT ASSUMPTIONS	NA

Table of Sample Rates

	PERCENTAGE			
ATTAINED AGE	WITHDRAWAL		DISABILITY INCIDENCE	
	MALE	FEMALE	MALE	FEMALE
25	10.8%	10.8%	0.0325%	0.0325%
30	8.1%	8.1%	0.0658%	0.0658%
35	7.6%	7.6%	0.1190%	0.1190%
40	8.8%	8.8%	0.1821%	0.1821%
45	7.5%	7.5%	0.2773%	0.2773%
50	5.1%	5.1%	0.4758%	0.4758%
55	3.5%	3.5%	0.8700%	0.8700%
60	3.3%	3.3%	1.3750%	1.3750%
64	NA	NA	1.8620%	1.8620%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

ACTUARIAL METHODS

Asset Methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #20-4297839 Plan #004
December 31, 2017

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/ (Loss)
Category (i) – Single transaction in excess of 5% of Plan net assets:						
Government	Government Fund	$ 7,718,670	$ —	$ 7,718,670	$ 7,718,670	$ —
SEI	SEI Intermediate Dur Credit	$ 30,388,556	$ —	$ 30,388,556	$ 30,388,556	$ —
SEI	SEI Core Fixed Income Fund	$ —	$ 38,455,966	$ 38,759,008	$ 38,455,966	$ (303,042)
SEI	SEI Intermediate Dur Credit	$ —	$ 3,125,657	$ 3,125,629	$ 3,125,657	$ 28
Category (iii) – Series of transactions in excess of 5% of Plan net assets:						
SEI	SEI Core Fixed Income Fund [1]	$ 906,116	$ —	$ 906,116	$ 906,116	$ —
SEI	SEI Core Fixed Income Fund	$ 1,210,935	$ —	$ 1,210,935	$ 1,210,935	$ —
SEI	SEI Core Fixed Income Fund	$ —	$ 44,110,437	$ 44,491,151	$ 44,110,437	$ (380,714)
SEI	SEI Intermediate Dur Credit [1]	$ 140,739	$ —	$ 140,739	$ 140,739	$ —
SEI	SEI Intermediate Dur Credit	$ 32,373,613	$ —	$ 32,373,613	$ 32,373,613	$ —
SEI	SEI Intermediate Dur Credit	$ —	$ 5,079,947	$ 5,080,459	$ 5,079,947	$ (512)

There were no category (ii) or (iv) reportable transactions during the period.

[1] Consists of the purchase of shares through the reinvestment of cash dividends.

See accompanying Independent Auditors' Report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan
SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SENSATA TECHNOLOGIES INC.

D Employer Identification Number (EIN)
20-4297839

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	52,042,061
b Actuarial value	**2b**	52,831,017

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	12	1,598,219	1,598,219
b For terminated vested participants	94	5,849,302	5,849,302
c For active participants	299	42,112,491	42,560,165
d Total	405	49,560,012	50,007,686

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.24%
6 Target normal cost	**6**	126,814

Statement by Enrolled Actuary

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

SIGN HERE Mary V. Gobes MVG — Signature of actuary

9-12-2018 — Date

MARY GOBES — Type or print name of actuary

1705925 — Most recent enrollment number

MERCER — Firm name

617-747-9500 — Telephone number (including area code)

99 HIGH STREET

BOSTON MA 02110 — 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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.53%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.50%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.64%
15	Adjusted funding target attainment percentage	15	105.64%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	115.02%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/14/2018	3,958,895	0			
		Totals ▶ 18(b)	3,958,895	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,645,189

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	126,814
b Excess assets, if applicable, but not greater than line 31a	31b	126,814

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3,645,189
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	3,645,189
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	8.50%	10,000	850	46,750
56	8.50%	9,150	778	43,568
57	9.50%	8,372	795	45,315
58	10.00%	7,577	758	43,964
59	12.00%	6,819	818	48,262
60	15.00%	6,001	900	54,000
61	25.00%	5,101	1,275	77,775
62	25.00%	3,826	957	59,334
63	30.00%	2,869	861	54,243
64	35.00%	2,008	703	44,992
65	40.00%	1,305	522	33,930
66	37.00%	783	290	19,140
67	35.00%	493	173	11,591
68	35.00%	320	112	7,616
69	35.00%	208	73	5,037
70	100.00%	135	135	9,450
Total				604,967
Average				60.50

Schedule SB, Part V — Summary of Plan Provisions

SUMMARY OF MAJOR PLAN PROVISIONS

Effective date and plan year	April 27, 2006 (spinoff from TI plan).
Status of the plan	An active participant in the TI Pension Plan on April 27, 2006 whose accrued benefit under TI Pension Plan was transferred to Sensata Pension Plan. Plan is closed to new entrants. Some participants are not accruing future benefits, since they elected out of the TI plan in 1997 at which time their benefit was frozen. Pension benefits are frozen effective January 31, 2012 for all participants.
ELIGIBILITY	
• Normal Retirement	Age 65.
• Early Retirement	Age 55 with 20 years of service, or age 60 with 5 years of service.
• Disability Retirement	Total and permanent disability, and 5 years of service.
• Deferred Vested Retirement	5 years of service.

Schedule SB, Part V — Summary of Plan Provisions

AMOUNT OF PENSION	
• Normal Retirement	An annual amount, payable in monthly installments, equal to the greatest of (a), (b), and (c) as follows: (a) (1) minus (2) below: (1) 1.5% of a Participant's Average Credited Earnings multiplied by Benefit Service; minus (2) Participant's Retirement Age Factor multiplied by Final Average Earnings multiplied by the Benefit Service limited to 35 multiplied by a fraction not greater than 1 of Benefit Service at retirement or termination to Benefit Service at Normal Retirement Date (b) $84 multiplied by Benefit Service (c) (1) plus (2) below: (1) Accrued benefit under prior plan as of December 31, 1998; plus (2) Amount determined in (a) considering only Benefit Service earned on or after January 1,1989 and limiting Benefit Service in (a)(2) to 35 minus Benefit Service earned prior to January 1, 1989 Certain participants have special accrued benefits as of December 31, 2000 and 2001 as listed in the Appendices of the plan document.
• Early Retirement	The accrued Normal Retirement Benefit shall be reduced by 1/3% for each of the first 60 months and 7/24% for each of the next 60 months by which early retirement age precedes 65 for benefits under (a)(1), (b), and (c)(1). Also, Retirement Age Factor used in (a)(2) under Normal Retirement is adjusted for early commencement.
• Deferred Vested Retirement	Annual amount payable monthly, commencing at Normal Retirement Date, computed in the same manner as Normal Retirement Benefit. If commencing early, the amount above is reduced on actuarially equivalent basis from Normal Retirement Date.

Schedule SB, Part V — Summary of Plan Provisions

• Disability Retirement	Annual amount payable monthly, commencing at Normal Retirement Date, computed in the same manner as Normal Retirement Benefit. Assuming continuous service after disability to Normal Retirement Date and compensation level at the same rate as pre-disability.
PRE-RETIREMENT DEATH BENEFIT	Benefit to qualifying spouse upon death of an active employee participating in the plan with 5 years of service, equal to 50% of the deceased participant's accrued benefit had he terminated and elected a 50% joint and survivor benefit payable immediately.
FORMS OF PAYMENT	The following optional forms of payment are available: • Single life annuity (automatic form for unmarried participants) • Reduced 5-year or 10-year certain and continuous single life annuity • Reduced 50%, or 100% joint and survivor annuity with the spouse as beneficiary (50% is automatic form for married participants) • Lump sum
DEFINITIONS	
• Compensation	W-2 compensation plus section 401(k) and 125 elective deferrals, excluding travel expenses, resettlement allowances, cost-of-living differentials, income from stock options and completion bonuses.
• Final Average Earnings	Lesser of the average of participant's compensation, up to Social Security Wage Base, for the three year period ending with the year preceding retirement or termination and the average of the Social Security Wage Base for the 35 year period ending the year the participant reaches Social Security Retirement Age.
• Average Credited Earnings Compensation	The average of five highest consecutive and completed years during each of which the employer received a full year of benefit service.

Schedule SB, Part V — Summary of Plan Provisions

RETIREMENT AGE FACTOR	**YEAR OF BIRTH**		
AGE	**BEFORE 1938**	**1938 THROUGH 1954**	**AFTER 1954**
55	0.00375	0.00344	0.00316
56	0.00400	0.00375	0.00344
57	0.00425	0.00400	0.00375
58	0.00450	0.00425	0.00400
59	0.00475	0.00450	0.00425
60	0.00500	0.00475	0.00450
61	0.00550	0.00500	0.00475
62	0.00600	0.00550	0.00500
63	0.00650	0.00600	0.00550
64	0.00700	0.00650	0.00600
65	0.00750	0.00700	0.00650
EMPLOYEE CONTRIBUTIONS	None		
MISCELLANEOUS			
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2017, the limit is $270,000.		
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is $215,000		

Schedule SB, Part V — Summary of Plan Provisions

BENEFITS INCLUDED OR EXCLUDED

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Most recent plan amendments included:** None.
- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
  - *Active participants:* N/A
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

PLAN PROVISION CHANGES SINCE PRIOR VALUATION

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2016 to 2017.

SENSATA TECHNOLOGIES EMPLOYEES PENSION PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #20-4297839 Plan #004
December 31, 2017

Identity of Issue	Description of Investment (Number of Shares)	Cost	Current Value
Money Market Funds:			
Government Fund *	5,069,243	$ 5,069,243	$ 5,069,243
Mutual Funds:			
SEI Intermediate Dur Credit A *	2,721,640	27,433,894	27,498,524
SEI Core Fixed Income A *	—	—	—
SEI S&P 500 Index A *	118,625	890,499	1,742,604
SEI Global Managed Volatility A *	106,077	1,048,811	1,287,775
SEI World Equity EX-U.S. A *	123,365	1,426,005	1,719,712
SEI US Managed Volatility A *	58,872	740,296	857,764
SEI Small/Mid Cap Equity A *	64,883	804,263	848,016
SEI Dynamic Asset Allocation A *	43,457	577,267	859,153
SEI High Yield Bond A *	90,782	828,713	820,548
SEI Emerging Markets Debt A *	38,836	417,564	398,070
Total Mutual Funds		6,733,418	8,533,642
Total Schedule of Assets		$ 39,236,555	$ 41,101,409

*Indicates party-in-interest to the Plan.

See accompanying Independent Auditors' Report.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost decreased from $186,814 to $126,814 to reflect our expectations for the current plan year.
- The non-417(e) lump sum interest rate decreased from 4.50% to 4.00%
- Benefit commencement age for current and future vested deferred participants was updated from 100% immediate to be 50% immediate and 50% deferred to age 65.