

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>    |                                                                                                                                                                                                                                                                                                                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                          | <b>Basic Plan Information</b> —enter all requested information |                                                                     |  |
| <b>1a</b> Name of plan<br><u>HUBBELL INCORPORATED EMPLOYEE SAVINGS &amp; INVESTMENT PLAN</u>                                                                                                                                                                                                                                                                            | <b>1b</b> Three-digit plan number (PN) ▶                       | <u>060</u>                                                          |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>HUBBELL INCORPORATED</u><br><br><u>40 WATERVIEW DRIVE, P.O.BOX 1000</u><br><u>SHELTON, CT 06484</u> |                                                                | <b>1c</b> Effective date of plan<br><u>07/01/1984</u>               |  |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                | <b>2b</b> Employer Identification Number (EIN)<br><u>06-0397030</u> |  |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                | <b>2c</b> Plan Sponsor's telephone number<br><u>475-882-4000</u>    |  |
|                                                                                                                                                                                                                                                                                                                                                                         |                                                                | <b>2d</b> Business code (see instructions)<br><u>335900</u>         |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/10/2019 | STEPHEN M. MAIS                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/10/2019 | STEPHEN M. MAIS                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                          |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 7802                                                                                                                                                                                                                                                                                                             |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 5899<br><b>6a(2)</b> 7152<br><b>6b</b> 0<br><b>6c</b> 2003<br><b>6d</b> 9155<br><b>6e</b> 46<br><b>6f</b> 9201<br><b>6g</b> 7824<br><b>6h</b> 635                                                                                                                                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                                                                                                  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 2S 2T 3D 3F 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                           |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

**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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2018</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

|                                                                                              |                                                                    |            |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>HUBBELL INCORPORATED EMPLOYEE SAVINGS &amp; INVESTMENT PLAN</b>  | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>060</b> |
|                                                                                              |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HUBBELL INCORPORATED</b> | <b>D</b> Employer Identification Number (EIN)<br><b>06-0397030</b> |            |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                               |
| <b>AMERICAN FUNDS</b>                                                                                             | <b>PO BOX 6007<br/>INDIANAPOLIS, IN 46206</b> |

|                                                                                                                   |                                                                 |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                                 |
| <b>DIMENSIONAL FUND ADVISORS</b>                                                                                  | <b>6300 BEE CAVE ROAD<br/>BUILDING ONE<br/>AUSTIN, TX 78746</b> |

|                                                                                                                   |                                                                    |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                                    |
| <b>HARTFORD FUNDS</b>                                                                                             | <b>430 W 7TH STREET<br/>SUITE 219060<br/>KANSAS CITY, MO 64105</b> |

|                                                                                                                   |                                               |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                               |
| <b>JP MORGAN</b>                                                                                                  | <b>270 PARK AVENUE<br/>NEW YORK, NY 10017</b> |

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

VANGUARD MARKETING CORP

100 VANGUARD BLVD  
MALVERN, PA 19355

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

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

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

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

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

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

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

T ROWE PRICE RPS INC

100 EAST PRATT STREET  
BALTIMORE, MD 21202

| (b)<br>Service Code(s)                                   | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 21 25 28<br>33 37 38 49<br>50 52 55 59<br>62 64 65 71 | NONE                                                                                              | 625944                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

FINANCIAL ENGINES

1050 ENTERPRISE WAY  
3RD FLOOR  
SUNNYVALE, CA 94089

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 50                  | NONE                                                                                              | 284808                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LATHAM & WATKINS LLP

PO BOX 894256  
LOS ANGELES, CA 90189

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 9582                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

CHARLES SCHWAB & CO., INC.

211 MAIN STREET  
SAN FRANCISCO, CA 94105

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33 50 59               | NONE                                                                                              | 3900                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| T ROWE PRICE RPS INC                                                               | 15 21 25 28 33 37 38 49 50 52<br>55 59 62 64 65 71                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HARTFORD WORLD BOND Y<br>430 W 7TH STREET<br>SUITE 219060<br>KANSAS CITY, MO 64105 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.05%                                                                                                                     |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                                         | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK<br>55 EAST 52ND STREET<br>NEW YORK, NY 10055                             | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.1 - 0.4%                                                                                                                |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                                         | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COLUMBIA<br>720 SW WASHINGTON STREET<br>PORTLAND, OR 97205                         | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.35 - 0.4%                                                                                                               |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| NATIXIS FUNDS<br>399 BOYLESTON STREET<br>BOSTON, MA 02116           | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.35 - 0.4%                                                                                                               |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALGER<br>PO BOX 8480<br>BOSTON, MA 02266                            | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.4 - 0.5%                                                                                                                |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALLIANZ FUNDS<br>1633 BROADWAY<br>NEW YORK, NY 10019                | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.4 - 0.5%                                                                                                                |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                                   | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JOHN HANCOCK<br>PO BOX 55913<br>BOSTON, MA 02205                             | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.4 - 0.5%                                                                                                                |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                                   | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HUSSMAN FUNDS<br>6021 UNIVERSITY BLVD<br>SUITE 490<br>ELLCOTT CITY, MD 21043 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.06%                                                                                                                     |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                                   | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMG FUNDS<br>600 STEAMBOAT RD<br>#300<br>GREENWICH, CT 06830                 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.09%                                                                                                                     |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| EQUINOX<br>41 WEST PUTNAM AVE<br>GREENWICH, CT 06830                |                                         | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.1%                                                                                                                      |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FAIRHOLME<br>PO BOX 9692<br>PROVIDENCE, RI 02940                    |                                         | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.1%                                                                                                                      |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FIDELITY INVESTMENTS<br>PO BOX 770002<br>CINCINNATI, OH 45277       |                                         | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.1%                                                                                                                      |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| LORD ABBETT<br>90 HUDSON STREET<br>JERSEY CITY, NJ 07302            |                                         | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.1%                                                                                                                      |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MFS<br>PO BOX 55824<br>BOSTON, MA 02205                             |                                         | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.1%                                                                                                                      |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PUTNAM<br>2300 NORTH RIDGETOP ROAD<br>SANTE FE, NM 87506            |                                         | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.1%                                                                                                                      |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ROYCE<br>745 FIFTH AVE<br>NEW YORK, NY 10151                        | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.1%                                                                                                                      |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T. ROWE PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202       | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.15%                                                                                                                     |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SCHWAB FUNDS<br>211 MAIN STREET<br>SAN FRANCISCO, CA 94105          | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.25%                                                                                                                     |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions)        | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                                 | 33 50 59                                       | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                                |                                           |
| JANUS HENDERSON<br>PO BOX 55932<br>BOSTON, MA 02205                        | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.35% |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                                |                                           |
| CHARLES SCHWAB & CO., INC.                                                 | 33 50 59                                       | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                                |                                           |
| OAKMARK<br>PO BOX 219558<br>KANSAS CITY, MO 64121                          | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.35% |                                           |
| <b>(a) Enter service provider name as it appears on line 2</b>             |                                                |                                           |
| CHARLES SCHWAB & CO., INC.                                                 | 33 50 59                                       | 0                                         |
| <b>(d) Enter name and EIN (address) of source of indirect compensation</b> |                                                |                                           |
| ALLIANCEBERNSTEIN<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105     | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.4%  |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                                            | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GUGGENHEIM INVESTMENTS<br>805 KING FARM BLVD<br>#600<br>ROCKVILLE, MD 20850           | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.4%                                                                                                                      |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                                            | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JENSEN<br>5500 MEADOWS ROAS<br>SUITE 200<br>PORTLAND, OR 97035                        | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.4%                                                                                                                      |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                                            | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PERMANENT PORTFOLIO<br>600 MONTGOMERY STREET<br>SUITE 4100<br>SAN FRANCISCO, CA 94111 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.4%                                                                                                                      |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VICTORY<br>4900 TIEDEMAN ROAD<br>4TH FLOOR<br>BROOKLYN, OH 44144    | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.4%                                                                                                                      |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WESTCHESTER CAPITAL<br>100 SUMMIT LAKE DRIVED<br>VALHALLA, NY 10595 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.4%                                                                                                                      |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                          | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COHEN & STEERS<br>280 PARK AVE<br>10TH FLOOR<br>NEW YORK, NY 10017  | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.45%                                                                                                                     |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB & CO., INC.                                           | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO<br>PO BOX 219078<br>KANSAS CITY, MO 64121                    | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.5%                                                                                                                      |                                           |
| (a) Enter service provider name as it appears on line 2              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.                                           | 33 50 59                                                                                                                                                           | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OPPENHEIMERFUNDS<br>TWO WORLD FINANCIAL CENTER<br>NEW YORK, NY 10281 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.5%                                                                                                                      |                                           |
| (a) Enter service provider name as it appears on line 2              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                      |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                      |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>HUBBELL INCORPORATED EMPLOYEE SAVINGS &amp; INVESTMENT PLAN</u>         | <b>B</b> Three-digit plan number (PN) <b>►</b> <u>060</u>          |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>HUBBELL INCORPORATED</u> | <b>D</b> Employer Identification Number (EIN)<br><u>06-0397030</u> |

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

|                                                                                           |                               |                                                                                                                     |
|-------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT BAL. TRUST</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>38-7011316-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2115069</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP STABLE VALUE COMMON TRUST FUND</u>  |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>52-1309931-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70906470</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2005 TRUST</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>61-6434302-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3581299</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2010 TRUST</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>32-6199795-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6091966</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2015 TRUST</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>35-6941654-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21825866</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2020 TRUST</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>36-7594871-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44346178</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2025 TRUST</u> |                               |                                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>      |                               |                                                                                                                     |
| <b>c</b> EIN-PN <u>37-6495447-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>67312427</u> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2030 TRUST

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 38-7010946-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56508778 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2035 TRUST

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 36-7595013-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45255804 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2040 TRUST

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 35-6941729-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36296914 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2045 TRUST

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 32-6199848-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21920707 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2050 TRUST

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 30-6303214-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14127470 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2055 TRUST

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 35-6941728-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8767035 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2060 TRUST

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 47-1088316-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1476029 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2018</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 |                                                             |     |
| <b>A</b> Name of plan<br>HUBBELL INCORPORATED EMPLOYEE SAVINGS & INVESTMENT PLAN           | <b>B</b> Three-digit plan number (PN) ►                     | 060 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HUBBELL INCORPORATED      | <b>D</b> Employer Identification Number (EIN)<br>06-0397030 |     |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 1300763               | 1304860         |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 928170                | 932091          |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 13151851              | 14454246        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 424741918             | 400532012       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 309075668             | 295453885       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 3252939               | 4039514         |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                     |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 752451309 716716608 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                     |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0                 |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 752451309 716716608 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 28921935  |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 33239573  |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 5081070   |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 67242578  |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 677266    |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 677266    |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 15558015  |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 15558015  |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> | 0         |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | -19434766 |
| (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) |            | -31887445 |
| c Other income.....                                                                            | 2c     |            | -396803   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | 31758845  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 66636649 |          |
| (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) |          | 66636649 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          | 191811   |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          | 9888     |
| h Interest expense .....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 9582     |          |
| (2) Contract administrator fees.....                                                 | 2i(2) |          |          |
| (3) Investment advisory and management fees.....                                     | 2i(3) | 284808   |          |
| (4) Other .....                                                                      | 2i(4) | 629844   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 924234   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 67762582 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -36003737 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan.....                                    | 2l(1) |  | 269036    |
| (2) From this plan.....                                  | 2l(2) |  |           |

**Part III Accountant's Opinion**

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

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

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

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

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

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |          |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     | X  |          |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 50000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 50000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     | X  |          |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     | X  |          |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     | X  |          |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             | X   |    | 212990   |
| <b>4l</b>                                                                                                                                                                                                                     | X   |    | 212990   |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |          |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

**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 \_\_\_\_\_. (See instructions.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under 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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>HUBBELL INCORPORATED EMPLOYEE SAVINGS &amp; INVESTMENT PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶<br><u>060</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>HUBBELL INCORPORATED</u> | <b>D</b> Employer Identification Number (EIN)<br><u>06-0397030</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>52-1481931</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

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

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

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018  
v. 171027

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

**a** The current year .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****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):

*Financial Statements and Supplemental Schedule*

**THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND  
INVESTMENT PLAN**

Years Ended December 31, 2018 and 2017

Plan Number: 060

Plan Sponsor EIN: 06-0397030



**THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN**

**CONTENTS**

|                                                                                                                                        | <b>Page</b> |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>Independent auditors' report</b> .....                                                                                              | 1-2         |
| <b>Financial statements:</b>                                                                                                           |             |
| Statements of net assets available for Plan benefits<br>at December 31, 2018 and 2017 .....                                            | 3           |
| Statements of changes in net assets and net assets available for Plan<br>benefits for the years ended December 31, 2018 and 2017 ..... | 4           |
| Notes to financial statements .....                                                                                                    | 5-17        |
| <b>Supplemental schedule*:</b>                                                                                                         |             |
| Schedule H, Line 4(i) - Schedule of assets (held at end of year)<br>at December 31, 2018 .....                                         | 18          |

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



(203) 929-3535 | (203) 929-5470 fax | dhls.com

## **Independent Auditors' Report**

To the Participants and Administrator  
Hubbell Incorporated Employee Savings and Investment Plan  
Shelton, Connecticut

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Hubbell Incorporated Employee Savings and Investment Plan (the "Plan"), which comprise the statements of net assets available for Plan benefits as of December 31, 2018 and 2017, and the related statements of changes in net assets and net assets available for Plan benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by T. Rowe Price Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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, 2018 and 2017, that the information provided to the Plan administrator by the trustee is complete and accurate.

**Dworken, Hillman, LaMorte & Sterczala, P.C.**  
Four Corporate Drive, Suite 488 | Shelton, CT 06484



**Disclaimer of Opinion**

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

**Other Matter**

The supplemental schedule of assets (held at year end) as of December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

**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 schedule, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

DHL & S, P.C.

October 9, 2019  
Shelton, Connecticut

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**

|                                               | December 31,                |                             |
|-----------------------------------------------|-----------------------------|-----------------------------|
|                                               | <u>2018</u>                 | <u>2017</u>                 |
| <b>Assets:</b>                                |                             |                             |
| Investments at fair value:                    |                             |                             |
| Bond funds                                    | \$ 46,181,755               | \$ 38,797,776               |
| Stock funds                                   | 249,272,130                 | 270,277,892                 |
| Self-directed brokerage account               | 4,039,514                   | 3,252,939                   |
| Common trusts                                 | <u>400,532,012</u>          | <u>424,741,918</u>          |
| Total investments                             | <u>700,025,411</u>          | <u>737,070,525</u>          |
| Receivables:                                  |                             |                             |
| Participant contributions                     | 932,091                     | 928,170                     |
| Employer contributions                        | 1,304,860                   | 1,300,763                   |
| Notes receivable from participants            | <u>14,582,770</u>           | <u>13,270,487</u>           |
| Total receivables                             | <u>16,819,721</u>           | <u>15,499,420</u>           |
| <b>Net assets available for Plan benefits</b> | <u><b>\$716,845,132</b></u> | <u><b>\$752,569,945</b></u> |

*See accompanying notes to the financial statements.*

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

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

|                                                             | <b>Year Ended December 31,</b> |                             |
|-------------------------------------------------------------|--------------------------------|-----------------------------|
|                                                             | <b>2018</b>                    | <b>2017</b>                 |
| <b>Additions to net assets attributed to:</b>               |                                |                             |
| Investment income (loss):                                   |                                |                             |
| Net appreciation (depreciation) in                          |                                |                             |
| fair value of investments                                   | \$ (53,224,058)                | \$ 92,877,423               |
| Interest and dividends                                      | <u>17,063,059</u>              | <u>16,847,445</u>           |
| Total investment income (loss)                              | <u>(36,160,999)</u>            | <u>109,724,868</u>          |
| Interest income on notes receivable from participants       | <u>677,266</u>                 | <u>564,021</u>              |
| Contributions:                                              |                                |                             |
| Participant                                                 | 33,047,762                     | 30,248,100                  |
| Participant rollovers                                       | 5,081,070                      | 3,162,830                   |
| Employer                                                    | <u>28,921,935</u>              | <u>26,639,610</u>           |
| Total contributions                                         | <u>67,050,767</u>              | <u>60,050,540</u>           |
| Transfers from other plans                                  | <u>269,036</u>                 | <u>605,241</u>              |
| <b>Total additions to net assets</b>                        | <b><u>31,836,070</u></b>       | <b><u>170,944,670</u></b>   |
| <b>Deductions from net assets attributed to:</b>            |                                |                             |
| Participant withdrawals                                     | 66,636,649                     | 55,655,615                  |
| Administrative expenses                                     | <u>924,234</u>                 | <u>914,965</u>              |
| <b>Total deductions from net assets</b>                     | <b><u>67,560,883</u></b>       | <b><u>56,570,580</u></b>    |
| <b>Net change in net assets available for Plan benefits</b> | <b>(35,724,813)</b>            | <b>114,374,090</b>          |
| Net assets available for Plan benefits, beginning of year   | <u>752,569,945</u>             | <u>638,195,855</u>          |
| <b>Net assets available for Plan benefits, end of year</b>  | <b><u>\$716,845,132</u></b>    | <b><u>\$752,569,945</u></b> |

*See accompanying notes to the financial statements.*

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

**1. Description of the Plan:**

The following description of The Hubbell Incorporated Employee Savings and Investment Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan provisions.

**General:**

T. Rowe Price Trust Company (the “Trustee”) is the trustee for the Plan and custodian of the investments. The Plan’s trust agreement allows twenty eight investment options, including a Balanced Fund, an International Index Fund, a Small-Cap Value Fund, a Mid-Cap Growth Fund, a Stable Value Fund, a Value Fund, a self-directed brokerage account, a Growth Fund, TIPS and Investment Grade Corporate Bond Funds, an Intermediate Term Bond Fund, a U.S. Treasury Money Fund, and age based trust funds targeted to specific retirement dates. Self-directed brokerage account assets are held in the custody of Charles Schwab & Co. Inc. and maintained by the Trustee as of December 1, 2017. Previously, these assets were held and maintained by the Trustee.

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

During 2018, assets and participant loans totaling \$269,789 and \$7,103, respectively, from The Hubbell Incorporated Savings and Investment Plan for Collectively Bargained Employees (“CB Plan”) were merged into the Plan into similar type investment options. In addition, assets and participant loans totaling \$7,488 and \$368, respectively were transferred out of the Plan into the CB Plan.

As of June 30, 2017, assets totaling \$587,713 from the Employee’s 401(k) Profit Sharing Plan of iDevices, LLC were merged into the Plan into similar type investment options.

**Participation:**

The Plan was established on July 1, 1984 to enable employees to defer a portion of their compensation, thereby deferring federal income tax and providing savings to supplement retirement income.

All domestic employees of Hubbell Incorporated and its subsidiaries (the “Company”), except for weekly employees of one division, whose compensation is not covered by, or based upon, collective bargaining agreements, are eligible to participate in the Plan on the first day of the month following 30 days of service.

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

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

**Contributions:**

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

All employees are automatically enrolled in the Plan with a 3% deferral percentage, unless the employee elects a different percentage, including 0%.

The Company will make a matching contribution equal to ½% for every 1% contributed up to 6% of salary for all employees participating in the Plan. All employees vest in the match 50% after one year of service and are 100% vested after two years.

Effective January 1, 2017, the Company began contributing an employer contribution equal to 4% of compensation per payroll period for each active eligible participant. Participants are 100% vested in these contributions.

Prior to January 1, 2017, in general, eligible employees hired after January 1, 2004 or rehired after April 1, 2004 received an annual discretionary contribution in an amount determined by the Board of Directors. Certain divisions of the Company were eligible even if hired prior to January 1, 2004. Employees had to be employed on the last day of each Plan year in order to be eligible for the contribution. Employees vest in the contribution 100% after three years of service.

Prior to January 1, 2017, eligible employees of Lenoir City received a profit sharing contribution at the discretion of the Company. Employees vest in the contribution 10% after one year of service, 20% after two years of service, and are 100% vested after three years of service.

Eligible employees of Kim Lighting, Inc. receive a profit sharing contribution at the discretion of the Company. Employees vest in the contribution 20% after two years of service, and 100% after three years of service. Effective April 1, 2017 the division closed and participants became fully vested in these contributions.

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

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

**Notes receivable from participants:**

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

A participant may have a maximum of two loans outstanding at any given time. A loan to a participant shall be made solely from the assets of the participant's account. Loan repayments are withheld from payroll and remitted semi-monthly, and the loan repayment period shall not exceed five years except for loans to acquire a principal residence for which the loan repayment period shall not exceed ten years. Loans to participants bear an interest rate equal to the Trustee's prime rate plus 1%.

**Administration:**

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

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

**Distributions/payment of benefits:**

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

However, if a participant is still employed at the age of 70½, they can defer receipt of their required minimum distributions until after termination of employment. Participants who demonstrate that a hardship (as defined under Internal Revenue Service regulations) exists, may withdraw funds from their accounts. In addition, the Plan permits loans with certain specified limitations based on account balances.

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

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

**Basis of presentation:**

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

**Estimates:**

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

**Valuation of investments:**

Investments representing shares of registered investment companies (mutual funds) and the self-directed brokerage account are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Shares of the Stable Value Fund are stated at net asset value ("NAV"). The NAV is used as a practical expedient to estimate fair value. If available, quoted market prices are used to value investments in the trust. The fair value of certain other investments for which quoted market prices are not available are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

The Stable Value Fund is a common trust fund consisting of investments in investment contracts with insurance companies and banks as well as synthetic investment contracts.

The net unrealized appreciation or depreciation for the year is reported together with realized gains and losses in the statements of changes in net assets available for plan benefits.

Purchases and sales of investments are recorded on a trade-date basis. Realized investment gains and losses are determined based on the weighted-average historical cost basis of the investment sold. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

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

**Notes receivable from participants:**

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

**Investment income and expenses:**

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

**Payment of distributions:**

Distributions to participants are recorded when paid.

**Plan expenses:**

Plan expenses are paid from participant forfeitures and any remaining amounts are paid by the Plan, unless paid by the Company.

**Forfeited accounts:**

Forfeited non-vested amounts will be used to offset future plan expenses. All remaining forfeitures will be treated as an employer contribution and shall be used to reduce matching and discretionary profit sharing contributions or reinstate returning participants account balances. During 2018 and 2017, \$9,582 and \$212,049 in forfeitures were used to pay Plan expenses and \$740,382 and \$887,054 were used to reduce employer contributions, respectively. As of December 31, 2018 and 2017, forfeited non-vested accounts approximated \$47,100 and \$27,800, respectively.

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

**3. Fair value measurements:**

FASB ASC 820, *Fair Value Measurements and Disclosures* (“ASC 820”), establishes a framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy assigns the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

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

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

**Level 2** – Inputs to the valuation methodology include:

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

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

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

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

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

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

**3. Fair value measurements (continued):**

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

*Self-directed brokerage account* – The fair value of this account is based on quoted values of underlying shares held within the account. There are no restrictions as to redemption of investments nor does the Plan have any contractual obligations to further invest in this account.

*T. Rowe Price (TRP) Retirement Trusts* – The fair value of mutual funds or other common trust funds held by the trusts are valued based on quoted net asset values per share or unit. The fair value of securities and certain other investments held by the trusts are valued based on the quoted market values of the underlying shares.

The preceding methods described may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth the fair value of Plan assets, by level, within the ASC 820 fair value hierarchy, as of December 31, 2018 and 2017:

|                                 | December 31, 2018 Fair Value |                |                |                     |                      |
|---------------------------------|------------------------------|----------------|----------------|---------------------|----------------------|
|                                 | Measurements Using:          |                |                |                     |                      |
|                                 | <u>Level 1</u>               | <u>Level 2</u> | <u>Level 3</u> | <u>NAV (a)</u>      | <u>Total</u>         |
| Mutual Funds                    | \$295,453,885                |                |                |                     | \$295,453,885        |
| Self-directed Brokerage Account | 4,039,514                    |                |                |                     | 4,039,514            |
| Stable Value Fund               |                              |                |                | \$70,906,470        | 70,906,470           |
| TRP Retirement Trusts           | <u>329,625,542</u>           |                |                |                     | <u>329,625,542</u>   |
| <b>Total</b>                    | <u>\$629,118,941</u>         | <u>\$</u>      | <u>\$</u>      | <u>\$70,906,470</u> | <u>\$700,025,411</u> |

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

**3. Fair value measurements (continued):**

|                                    | December 31, 2017 Fair Value<br>Measurements Using: |           |           |                     |                      |
|------------------------------------|-----------------------------------------------------|-----------|-----------|---------------------|----------------------|
|                                    | Level 1                                             | Level 2   | Level 3   | NAV (a)             | Total                |
| Mutual Funds                       | \$309,075,668                                       |           |           |                     | \$309,075,668        |
| Self-directed Brokerage<br>Account | 3,252,939                                           |           |           |                     | 3,252,939            |
| Stable Value Fund                  |                                                     |           |           | \$68,165,092        | 68,165,092           |
| TRP Retirement Trusts              | <u>356,576,826</u>                                  |           |           |                     | <u>356,576,826</u>   |
| <b>Total</b>                       | <u>\$668,905,433</u>                                | <u>\$</u> | <u>\$</u> | <u>\$68,165,092</u> | <u>\$737,070,525</u> |

- (a) Certain investments that were measured at NAV per share have not been classified in the fair value hierarchy. The fair value amounts presented in this column are intended to permit reconciliation of the fair value hierarchy to the line item presented in the Statements of Net Assets Available for Plan Benefits.

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

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

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

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

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

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

Issuers of investment contracts have certain rights to terminate a contract and settle at an amount that differs from contract value. Certain breaches by the trust of its obligations, representations, or warranties under the terms of an investment contract can result in its termination at market value. Investment contracts also may provide for termination with no payment obligation from the issuer if the performance of the contract constitutes a prohibited transaction under ERISA or other applicable law, if the trust or trustee suffers an insolvency, or if there is a change in law or accounting standards that makes it impermissible to account for an investment contract on a contract value basis.

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

The following is a summary of the financial information as of December 31, 2018 and 2017 and for the years then ended. This information is certified by the trustee in accordance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

STATEMENTS OF NET ASSETS

|                                               | December 31,        |              |
|-----------------------------------------------|---------------------|--------------|
|                                               | <u>2018</u>         | <u>2017</u>  |
| <b>Assets:</b>                                |                     |              |
| <b>Investments at fair value:</b>             |                     |              |
| Bond Funds:                                   |                     |              |
| JPMorgan Core Plus Bond Fund R6               | <b>\$23,890,084</b> | \$25,890,598 |
| Vanguard Total Bond Market Index Fund         | <b>18,590,726</b>   | 10,182,968   |
| T. Rowe Price Inflation Protected Bond Fund   | <b>2,854,322</b>    | 2,564,838    |
| Hartford World Bond Fund                      | <b>846,623</b>      | 159,372      |
| Stock Funds:                                  |                     |              |
| Vanguard Institutional Index Fund             | <b>85,740,560</b>   | 90,485,164   |
| T. Rowe Price Growth Stock Fund               | <b>45,550,286</b>   | 50,529,584   |
| T. Rowe Price Mid-Cap Growth Fund             | <b>39,862,476</b>   | 45,221,547   |
| Vanguard Total International Stock Index Fund | <b>36,478,679</b>   | 35,330,530   |
| T. Rowe Price Value Fund                      | <b>16,926,827</b>   | 23,513,845   |
| DFA U.S. Targeted Value Fund                  | <b>13,234,830</b>   | 17,638,835   |
| Vanguard Extended Market Index Fund           | <b>9,822,082</b>    | 5,812,828    |
| American Funds Europacific Growth Fund        | <b>1,443,561</b>    | 1,627,180    |
| U.S. Treasury Money Fund                      | <b>212,829</b>      | 118,379      |

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

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

STATEMENTS OF NET ASSETS (continued):

|                                               | <b>December 31,</b>         |                             |
|-----------------------------------------------|-----------------------------|-----------------------------|
|                                               | <b>2018</b>                 | <b>2017</b>                 |
| Common Trusts:                                |                             |                             |
| T. Rowe Price Stable Value Fund               | 70,906,470                  | 68,165,092                  |
| T. Rowe Price Retirement 2005 Trust Fund      | 3,581,299                   | 5,162,536                   |
| T. Rowe Price Retirement 2010 Trust Fund      | 6,091,966                   | 7,099,520                   |
| T. Rowe Price Retirement 2015 Trust Fund      | 21,825,866                  | 25,789,160                  |
| T. Rowe Price Retirement 2020 Trust Fund      | 44,346,178                  | 51,978,137                  |
| T. Rowe Price Retirement 2025 Trust Fund      | 67,312,427                  | 72,623,679                  |
| T. Rowe Price Retirement 2030 Trust Fund      | 56,508,778                  | 61,914,034                  |
| T. Rowe Price Retirement 2035 Trust Fund      | 45,255,804                  | 47,431,465                  |
| T. Rowe Price Retirement 2040 Trust Fund      | 36,296,914                  | 37,572,845                  |
| T. Rowe Price Retirement 2045 Trust Fund      | 21,920,707                  | 22,836,716                  |
| T. Rowe Price Retirement 2050 Trust Fund      | 14,127,470                  | 13,451,179                  |
| T. Rowe Price Retirement 2055 Trust Fund      | 8,767,035                   | 7,843,233                   |
| T. Rowe Price Retirement 2060 Trust Fund      | 1,476,029                   | 883,887                     |
| T. Rowe Price Retirement Balanced Trust Fund  | 2,115,069                   | 1,990,435                   |
| Other:                                        |                             |                             |
| Self-directed brokerage account               | 4,039,514                   | 3,252,939                   |
| <b>Receivables:</b>                           |                             |                             |
| Notes receivable from participants            | <u>14,582,770</u>           | <u>13,270,487</u>           |
| <b>Net assets available for Plan benefits</b> | <b><u>\$714,608,181</u></b> | <b><u>\$750,341,012</u></b> |

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

|                                                                 | <b>Year Ended December 31,</b> |                           |
|-----------------------------------------------------------------|--------------------------------|---------------------------|
|                                                                 | <b>2018</b>                    | <b>2017</b>               |
| <b>Additions:</b>                                               |                                |                           |
| Net appreciation (depreciation) in<br>fair value of investments | \$(53,227,984)                 | \$ 92,877,423             |
| Interest and dividends                                          | 17,063,059                     | 16,847,445                |
| Interest income on notes receivable from participants           | 677,266                        | 564,021                   |
| Participant contributions                                       | 33,043,841                     | 29,388,195                |
| Participant rollover contributions                              | 5,081,070                      | 3,162,830                 |
| Employer contributions                                          | 28,917,838                     | 37,552,492                |
| Transfers from other plans                                      | <u>269,036</u>                 | <u>605,241</u>            |
| <b>Total additions</b>                                          | <b><u>31,824,126</u></b>       | <b><u>180,997,647</u></b> |

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

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

STATEMENTS OF CHANGES IN NET ASSETS AND NET ASSETS  
AVAILABLE FOR PLAN BENEFITS (continued):

|                                 | <b>Year Ended December 31,</b> |                             |
|---------------------------------|--------------------------------|-----------------------------|
|                                 | <b>2018</b>                    | <b>2017</b>                 |
| <b>Deductions:</b>              |                                |                             |
| Participant withdrawals         | 66,636,649                     | 55,655,615                  |
| Administrative expenses         | <u>920,308</u>                 | <u>914,965</u>              |
| Total deductions                | <u>67,556,957</u>              | <u>56,570,580</u>           |
| <b>Net change in net assets</b> | <b>(35,732,831)</b>            | 124,427,067                 |
| Net assets, beginning of year   | <u>750,341,012</u>             | <u>625,913,945</u>          |
| <b>Net assets, end of year</b>  | <b><u>\$714,608,181</u></b>    | <b><u>\$750,341,012</u></b> |

6. **Federal income tax status:**

The Plan Sponsor adopted a non-standardized prototype plan of the Plan record-keeper, which received an Internal Revenue Service opinion letter dated March 31, 2014. The Plan has been amended since this date. However, the Plan sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Management evaluated the Plan's tax positions and has concluded that as of December 31, 2018 the Plan had not taken any uncertain tax positions that require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan administrator believes the Plan is no longer subject to income tax examinations for the years prior to 2015.

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

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

**7. Risk and uncertainties:**

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

**8. Related party transactions:**

Certain Plan investments are funds managed by T. Rowe Price Trust Company, the trustee of the Plan, and, therefore, these transactions qualify as parties-in-interest. Fees paid by the Plan to T. Rowe Price Trust Company for services provided were approximately \$626,000 and \$592,000 in 2018 and 2017, respectively. Notes receivable from participants also qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

**9. Plan termination:**

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

**10. Reconciliation of financial statements to Form 5500:**

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

|                                                                        | <b>December 31,</b><br><b>2018</b> | <b>2017</b>          |
|------------------------------------------------------------------------|------------------------------------|----------------------|
| Net assets available for Plan benefits<br>per the financial statements | <b>\$716,845,132</b>               | \$752,569,945        |
| Less: deemed distributed loans                                         | <b><u>( 128,524)</u></b>           | <u>( 118,636)</u>    |
| Net assets per Form 5500                                               | <b><u>\$716,716,608</u></b>        | <u>\$752,451,309</u> |

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

**NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2018 and 2017

**10. Reconciliation of financial statements to Form 5500 (continued):**

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

|                                                                                     | <b><u>Year Ended<br/>December 31, 2018</u></b> |
|-------------------------------------------------------------------------------------|------------------------------------------------|
| Net decrease in net assets available for Plan benefits per the financial statements | <b>\$(35,724,813)</b>                          |
| Current year adjustment related to deemed distributed loans                         | <b>( 128,524)</b>                              |
| Prior year adjustment related to deemed distributed loans                           | <b><u>118,636</u></b>                          |
| Net decrease in net assets available for Plan benefits per Form 5500                | <b><u>\$(35,734,701)</u></b>                   |

**11. Subsequent events:**

Management has evaluated subsequent events through October 9, 2019, the date which the financial statements were available for issue.

THE HUBBELL INCORPORATED  
EMPLOYEE SAVINGS AND INVESTMENT PLAN

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

December 31, 2018

Plan No: 060  
EIN: 06-0397030

| (a) | (b)<br>Identity of issuer, borrower, lessor,<br>or similar party | (c)<br>Description of investment including<br>maturity date, rate of interest,<br>collateral, and par or maturity value | (d)<br>Cost | (e)<br>Current<br>value      |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|
|     | Bond funds:                                                      |                                                                                                                         |             |                              |
|     | Hartford World Bond Fund                                         | 80,477 shares                                                                                                           | #           | \$ 846,623                   |
|     | JP Morgan Core Plus Bond Fund R6                                 | 2,978,813 shares                                                                                                        | #           | 23,890,084                   |
|     | Vanguard Total Bond Market Index Fund                            | 1,779,017 shares                                                                                                        | #           | 18,590,726                   |
| *   | T. Rowe Price Inflation Protected Bond Fund                      | 250,819 shares                                                                                                          | #           | 2,854,322                    |
|     | Total bond funds                                                 |                                                                                                                         |             | <u>46,181,755</u>            |
|     | Stock funds:                                                     |                                                                                                                         |             |                              |
|     | American Funds EuroPacific Growth Fund                           | 32,086 shares                                                                                                           | #           | 1,443,561                    |
|     | Vanguard Institutional Index Fund                                | 376,799 shares                                                                                                          | #           | 85,740,560                   |
|     | DFA U.S. Targeted Value Fund                                     | 667,415 shares                                                                                                          | #           | 13,234,830                   |
|     | Vanguard Total International Stock Index Fund                    | 359,538 shares                                                                                                          | #           | 36,478,679                   |
| *   | T. Rowe Price Value Fund                                         | 553,888 shares                                                                                                          | #           | 16,926,827                   |
|     | Vanguard Extended Market Index Fund                              | 129,767 shares                                                                                                          | #           | 9,822,082                    |
| *   | T. Rowe Price Growth Stock Fund                                  | 797,030 shares                                                                                                          | #           | 45,550,286                   |
| *   | T. Rowe Price Mid-Cap Growth Fund                                | 521,965 shares                                                                                                          | #           | 39,862,476                   |
| *   | U.S. Treasury Money Fund                                         | 212,830 shares                                                                                                          | #           | 212,829                      |
|     | Total stock funds                                                |                                                                                                                         |             | <u>249,272,130</u>           |
|     | Common trusts:                                                   |                                                                                                                         |             |                              |
| *   | Stable Value Fund                                                | 70,986,470 shares                                                                                                       | #           | 70,906,470                   |
| *   | T. Rowe Price Retirement 2005 Trust Fund                         | 248,701 shares                                                                                                          | #           | 3,581,299                    |
| *   | T. Rowe Price Retirement 2010 Trust Fund                         | 406,945 shares                                                                                                          | #           | 6,091,966                    |
| *   | T. Rowe Price Retirement 2015 Trust Fund                         | 1,375,291 shares                                                                                                        | #           | 21,825,866                   |
| *   | T. Rowe Price Retirement 2020 Trust Fund                         | 2,652,283 shares                                                                                                        | #           | 44,346,178                   |
| *   | T. Rowe Price Retirement 2025 Trust Fund                         | 3,846,424 shares                                                                                                        | #           | 67,312,427                   |
| *   | T. Rowe Price Retirement 2030 Trust Fund                         | 3,104,878 shares                                                                                                        | #           | 56,508,778                   |
| *   | T. Rowe Price Retirement 2035 Trust Fund                         | 2,420,096 shares                                                                                                        | #           | 45,255,804                   |
| *   | T. Rowe Price Retirement 2040 Trust Fund                         | 1,907,352 shares                                                                                                        | #           | 36,296,914                   |
| *   | T. Rowe Price Retirement 2045 Trust Fund                         | 1,150,693 shares                                                                                                        | #           | 21,920,707                   |
| *   | T. Rowe Price Retirement 2050 Trust Fund                         | 741,989 shares                                                                                                          | #           | 14,127,470                   |
| *   | T. Rowe Price Retirement 2055 Trust Fund                         | 460,454 shares                                                                                                          | #           | 8,767,035                    |
| *   | T. Rowe Price Retirement 2060 Trust Fund                         | 121,185 shares                                                                                                          | #           | 1,476,029                    |
| *   | T. Rowe Price Retirement Balanced Trust Fund                     | 151,401 shares                                                                                                          | #           | 2,115,069                    |
|     | Total common trusts                                              |                                                                                                                         |             | <u>400,532,012</u>           |
|     | Other:                                                           |                                                                                                                         |             |                              |
|     | Self-directed brokerage account                                  | 4,039,514 shares                                                                                                        | #           | <u>4,039,514</u>             |
|     |                                                                  |                                                                                                                         |             | <u>4,039,514</u>             |
| *   | Notes receivable from participants                               | Interest rate at Trustee's prime rate<br>plus 1% (3.25% to 6.50%). Maturity<br>dates: January 2019 to November 2028     | #           | <u>14,582,770</u>            |
|     | <b>Total investments (held at end of year)</b>                   |                                                                                                                         |             | <u><b>\$ 714,608,181</b></u> |

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

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

|                         |                                                                    |
|-------------------------|--------------------------------------------------------------------|
| <b>Plan Name</b>        | <b>Hubbell Incorporated Employee Savings &amp; Investment Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>06-0397030</b>                                                  |
| <b>ERISA Plan #</b>     | <b>060</b>                                                         |
| <b>Plan Year Ending</b> | <b>December 31, 2018</b>                                           |

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

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

|                         |                                                                    |
|-------------------------|--------------------------------------------------------------------|
| <b>Plan Name</b>        | <b>Hubbell Incorporated Employee Savings &amp; Investment Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>06-0397030</b>                                                  |
| <b>ERISA Plan #</b>     | <b>060</b>                                                         |
| <b>Plan Year Ending</b> | <b>December 31, 2018</b>                                           |

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

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