Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HUBBELL INCORPORATED RETIREMENT PLAN FOR SALARIED & HOURLY EMPLOYEES

1b Three-digit plan number (PN) ▶ 041

1c Effective date of plan 12/01/1972

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

HUBBELL INC., AND SUBSIDIARIES

40 WATERVIEW DRIVE
P.O. BOX 1000
SHELTON, CT 06484-1000

2b Employer Identification Number (EIN) 06-0397030

2c Plan Sponsor's telephone number 475-882-4000

2d Business code (see instructions) 335900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/11/2019	STEPHEN M MAIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	4345
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	938
a(2) Total number of active participants at the end of the plan year	**6a(2)**	843
b Retired or separated participants receiving benefits	**6b**	1799
c Other retired or separated participants entitled to future benefits	**6c**	1363
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	4005
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	270
f Total. Add lines **6d** and **6e**.	**6f**	4275
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

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

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

A Name of plan
HUBBELL INCORPORATED RETIREMENT PLAN FOR SALARIED & HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 041

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HUBBELL INC., AND SUBSIDIARIES

D Employer Identification Number (EIN)
06-0397030

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	465605557
b Actuarial value	**2b**	496969883

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2004	234504890	234504890
b For terminated vested participants	1403	71684284	71684284
c For active participants	938	115539073	115539073
d Total	4345	421728247	421728247

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.88 %
6 Target normal cost	**6**	6511059

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 09/28/2018

STEVEN T JAMES
Type or print name of actuary

17-06406
Most recent enrollment number

TOWERS WATSON DELAWARE INC.
Firm name

901-930-0000
Telephone number (including area code)

3340 PLAYERS CLUB PARKWAY
SUITE 200
MEMPHIS, TN 38125
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	64757599	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	64757599	0
10	Interest on line 9 using prior year's actual return of 2.48 %	1605988	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5491419
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.07%		333329
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		5824748
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	66363587	0

Part III Funding Percentages

14	Funding target attainment percentage	14	102.10%
15	Adjusted funding target attainment percentage	15	116.57%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	124.84%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	6511059
b Excess assets, if applicable, but not greater than line 31a	**31b**	6511059

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

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

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

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

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
HUBBELL INCORPORATED RETIREMENT PLAN FOR SALARIED & HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 041

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HUBBELL INC., AND SUBSIDIARIES

D Employer Identification Number (EIN)
06-0397030

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0397030-062	M	483993397

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
HUBBELL INCORPORATED RETIREMENT PLAN FOR SALARIED & HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 041

C Plan sponsor's name as shown on line 2a of Form 5500
HUBBELL INC., AND SUBSIDIARIES

D Employer Identification Number (EIN)
06-0397030

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	465853086	483993397
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	465853086	483993397
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	1375129	1238964
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1375129	1238964
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	464477957	482754433

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		43404354
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		43404354
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25127878	
(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)		25127878
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		25127878
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		18276476
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DHL&S, P.C. **(2)** EIN: 06-1308345

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		75000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4084392. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
HUBBELL INCORPORATED RETIREMENT PLAN FOR SALARIED & HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 041

C Plan sponsor's name as shown on line 2a of Form 5500
HUBBELL INC., AND SUBSIDIARIES

D Employer Identification Number (EIN)
06-0397030

Part I Distributions

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

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

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

EIN(s): 36-6741811

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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: 18.0 % Investment-Grade Debt: 62.0 % High-Yield Debt: 1.0 % Real Estate: _____ % Other: 19.0 %

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

RETIREMENT PLAN FOR SALARIED AND HOURLY EMPLOYEES

Years Ended December 31, 2017 and 2016

Plan Number: 041

Plan Sponsor EIN: 06-0397030

DHL&S
CPAs AND ADVISORS

HUBBELL INCORPORATED
RETIREMENT PLAN FOR SALARIED AND HOURLY EMPLOYEES

Years Ended December 31, 2017 and 2016

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Financial statements:

Statements of net assets available for Plan benefits at December 31, 2017 and 2016..... 3

Statements of changes in and net assets available for Plan benefits for the years ended December 31, 2017 and 2016..... 4

Notes to financial statements..... 5-22

Note: Supplementary schedules are not included with these financial statements as they are not applicable.

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

Independent Auditors' Report

To the Participants and Administrator
Hubbell Incorporated Retirement Plan for
Salaried and Hourly Employees

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hubbell Incorporated Retirement Plan for Salaried and Hourly Employees (the "Plan"), which comprise the statements of net assets available for Plan benefits as of December 31, 2017 and 2016, and the related statements of changes in 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

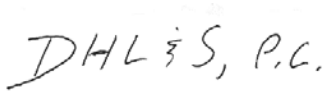
As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by the Northern Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



October 12, 2018
Shelton, Connecticut

HUBBELL INCORPORATED
RETIREMENT PLAN FOR SALARIED AND HOURLY EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31,	
	2017	**2016**
Assets:		
Investment in Hubbell Incorporated Master Pension Trust	**$483,993,397**	$465,853,086
Liabilities:		
Accrued expenses	**(1,238,964)**	(1,375,129)
Net assets available for Plan benefits	**$482,754,433**	$464,477,957

See notes to financial statements.

HUBBELL INCORPORATED
RETIREMENT PLAN FOR SALARIED AND HOURLY EMPLOYEES

STATEMENTS OF CHANGES IN AND NET ASSETS AVAILABLE FOR PLAN BENEFITS

	Year Ended December 31, 2017	2016
Additions:		
Net appreciation in fair value of investments	**$ 37,148,508**	$ 2,305,379
Dividend, interest, and other investment income	**11,485,070**	11,729,544
Employer contributions		6,300,000
Total additions	**48,633,578**	20,334,923
Deductions:		
Benefit payments to participants	**25,127,878**	58,809,953
Investment and other expenses	**5,229,224**	3,903,701
Total deductions	**30,357,102**	62,713,654
Net change in assets available for Plan benefits	**18,276,476**	(42,378,731)
Net assets available for Plan benefits, beginning of year	**464,477,957**	506,856,688
Net assets available for Plan benefits, end of year	**$482,754,433**	$464,477,957

See notes to financial statements.

HUBBELL INCORPORATED
RETIREMENT PLAN FOR SALARIED AND HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2017 and 2016

1. **Description of the Plan:**

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

Participation:

The Plan of Hubbell Incorporated (the "Company") is a defined benefit (non-contributory) plan which covers each salaried employee and each non-union hourly employee who is a member of a group to which the Plan has been extended by resolution of the Company's Board of Directors. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was amended to limit participation in the Plan to those who were employees prior to January 1, 2004.

Retirement benefits:

For salaried employees, annual normal retirement benefits, which are payable at age 65, are generally equal to (a) .0085 of the participant's final average compensation (based on the average of the highest compensation amounts during any three consecutive calendar years within the ten full calendar years prior to retirement) multiplied by the number of years of credited service prior to retirement up to 35 years, plus (b) .0065 of the participant's final average compensation in excess of covered compensation, plus (c) 1.1% of the participant's final average compensation multiplied by years of service in excess of 35 years.

For hourly employees, annual normal retirement benefits, which are payable at age 65, are equal to a monthly benefit rate multiplied by a number of years of credited benefit service prior to retirement. For different groups, the monthly benefit rate may be fixed or it may vary according to the participant's final average compensation (based on the average basic hourly rates of compensation during the three full calendar quarters immediately preceding retirement).

In addition, there may be stipulated minimum retirement benefits, depending on number of years of service and the group in which the retiree is a member. The Plan also provides that any participant under a prior plan of the Company shall not have their benefits earned to date reduced under the Plan.

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2017 and 2016

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

Retirement benefits (continued):

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

Participants become 100% vested in the Plan after completion of five years of service. If an employee terminates before five years of service, the right to receive any benefits under the Plan is forfeited. Forfeitures arising due to the termination of service of non-vested employees are used to reduce the Company's subsequent contributions to the Plan.

Effective February 28, 2017, the Plan ceased crediting Credited Service to Participants for all purposes under the Plan. Effective December 31, 2020, the Plan will be frozen and all benefit accruals under the Plan will cease.

Death and disability benefits:

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

Administration:

A Retirement Committee appointed by the Company and who serve without compensation is responsible for the general administration of the Plan and makes the final determination on all questions arising in connection with the interpretation, application, and administration of the Plan.

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2017 and 2016

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

General:

The assets of the Plan are held in the Hubbell Incorporated Master Pension Trust (the "Master Trust") which contains the assets of two pension plans of the Company. The Northern Trust Company (the "Trustee") serves as trustee for the Plan and as custodian of the investments.

Basis of accounting:

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

Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosure of actuarial present value of accumulated plan benefits. Accordingly, actual results could differ from those estimates and assumptions.

Investment valuation and income recognition:

The Plan's interest in the Master Trust is reported at fair value based on the fair value of the underlying investments. See Note 6 for a discussion of fair value measurements.

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

Investment and other expenses:

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

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

Actuarial present value of accumulated Plan benefits:

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

As of December 31, 2017 and 2016, benefits payable under all circumstances - retirement, disability, death and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant actuarial assumptions used in the December 31, 2017 and 2016 valuations were (a) life expectancy of participants (2017; RP-2014 combined mortality tables without collar or amounts adjustments, with generational projection from 2006 using Scale MP-2017 and 2016; RP-2000 combined mortality tables without collar or amounts adjustments, with generational projection using Scale BB-2D), (b) retirement age assumptions (3% of employees will retire between ages of 55 and 59, 4% between ages of 60 and 61, 11% between ages of 62 and 64, 20% between ages 65 and 66, 25% between 67 and 69, and 100% at age 70), (c) discount rate of 3.80% for 2017 and 4.30% for 2016 and (d) annual salary scale increase (rate of 3.50% for 2017 and 2016).

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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

Payment of benefits:

Benefit payments to participants are recorded upon distribution.

Effective for distributions paid after November 30, 2015, participants whose retirement benefit has an Actuarial Equivalent Value of less than $5,000 will have their balance paid out in a lump sum installment or automatically rolled over into an individual retirement account.

Retirement annuity purchase:

In November 2016 the Company entered into an agreement to transfer future benefit payment obligations for approximately 2,500 retirees of this Plan and the Hubbell Incorporation Retirement Plan for Collectively Bargained Hourly Employees. The Plan paid approximately $32,100,000 in premiums to Voya Retirement Insurance and Annuity Company for the purchase of annuity contracts for the identified retirees of this Plan. This payment is included within benefit payments to participants in the 2016 statement of changes in and net assets available for Plan benefits.

Recent accounting pronouncements:

In February 2017, the Financial Accounting Standards Board (the "FASB") issued Accounting Standards Update ("ASU") No. 2017-06, Employee Benefit Plan Master Trust Reporting ("ASU 2017-06"). ASU 2017-06 clarifies presentation requirements for a plan's interest in a master trust and requires more detailed disclosures of the plan's interest in the master trust. This new guidance is effective for fiscal years beginning after December 15, 2018, (January 1, 2019 for the Plan) and early adoption is permitted. Upon adoption the retrospective transition method is to be applied to all periods presented. The Plan is currently evaluating the impact that this ASU will have on the presentation of the financial statements and related disclosures.

Reclassification:

Certain prior year balances have been reclassified to conform with current year presentation. These reclassifications have no effect on previously reported net assets available for Plan benefits.

3. **Funding policy:**

All contributions to provide basic benefits under the Plan are made by the Company. Contributions to the Plan to provide supplemental pension benefits for Ohio Brass participants were made by the Company and participating employees. The amount of the annual contribution is determined by the Company based on a computation made by an independent actuary. The Company's contributions have equaled or exceeded the minimum funding requirement of ERISA for the years ended December 31, 2017 and 2016.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

4. **Plan termination priorities:**

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

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

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

    2. Participants who would have been receiving benefits three years prior to termination had they been retired.

B. To provide for the payment required by the termination insurance provisions of ERISA.

C. To provide for the payment of pensions to vested participants, whose vested pensions have not commenced.

D. To provide for the payment of pensions to the remaining participants.

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

5. **Interest in Hubbell Incorporated Master Pension Trust:**

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

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At December 31, 2017 and 2016, the Plan's interest in the net assets of the Master Trust was approximately 77.3% and 77.2%, respectively. Investment income and administrative expenses (except for expenses directly related to a specific plan) relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each Plan.

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

	December 31,	
	2017	**2016**
Cash	**$ 19,531,571**	$ 14,338,368
Common stock	**48,462,537**	53,944,028
Common stock – Hubbell Incorporated		40,048,639
Corporate bonds		13,006,483
U.S. Government securities	**399,112,977**	332,073,286
Registered investment companies	**41,203,581**	37,917,854
Common/collective trusts	**25,994,637**	27,669,710
Partnership/joint venture interests	**47,675,544**	47,128,024
Alternative investments and other	**41,055,779**	34,197,422
	623,036,626	600,323,814
Accrued income receivable	**3,259,426**	3,076,518
	$626,296,052	$603,400,332
Plan interest in Master Trust	**$483,993,397**	$465,853,086

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2017 and 2016

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

The following table presents the changes in net assets of the Master Trust:

	Year Ended December 31,	
	2017	**2016**
Master Trust net assets, beginning of year	**$603,400,332**	$655,338,512
Additions:		
Employer contributions		10,000,000
Net appreciation in fair value of investments	**48,095,169**	3,003,267
Dividend income	**1,943,449**	2,223,932
Interest income	**12,892,426**	12,890,632
Other investment income	**33,677**	26,637
Total additions	**62,964,721**	28,144,468
Deductions:		
Benefits paid to participants	**32,498,655**	75,368,016
Administrative expenses	**7,570,346**	4,714,632
Total deductions	**40,069,001**	80,082,648
Master Trust net assets, end of year	**$626,296,052**	$603,400,332

The following table presents the investments that represent 5% or more of the Master Trust's net assets:

	December 31,	
	2017	**2016**
Morgan Stanley Institutional Fund of Hedge Funds LP, 28,480,573 shares	**$43,944,784**	$42,661,665
United States Treasury Bonds, $40,800,000 par value, 2.75%, due 8/15/2042	**$41,083,682**	(a)
United States Treasury Bonds, $38,100,000 par value, 3.125%, due 2/15/2043	**$40,932,202**	(a)
United States Treasury Bonds, $39,600,000 par value, 2.875%, due 5/15/2043	**$40,718,383**	(a)
United States Treasury Bonds, $34,800,000 par value, 3.625%, due 2/15/2044	**$40,676,572**	(a)
United States Treasury Bonds, $34,800,000 par value, 3.625%, due 8/15/2043	**$40,615,393**	(a)

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

	December 31, 2017	December 31, 2016
United States Treasury Bonds, $36,100,000 par value, 3.375%, due 5/15/2044	**$40,509,543**	(a)
United States Treasury Bonds, $33,775,000 par value, 3.75%, due 11/15/2043	**$40,243,689**	(a)
Hubbell Inc. Common Stock, 343,176 shares	**(a)**	$40,048,639
United States Treasury Bonds, $33,500,000 par value, 3.125%, due 2/15/2042	**(a)**	$33,993,355
United States Treasury Bonds, $30,600,000 par value, 3.625%, due 8/15/2043	**(a)**	$33,933,717
United States Treasury Bonds, $33,300,000 par value, 3.125%, due 11/15/2041	**(a)**	$33,795,604
United States Treasury Bonds, $29,775,000 par value, 3.75%, due 11/15/2043	**(a)**	$33,758,567
United States Treasury Bonds, $26,000,000 par value, 4.25%, due 11/15/2040	**(a)**	$31,565,612
United States Treasury Bonds, $27,400,000 par value, 3.875%, due 8/15/2040	**(a)**	$31,459,694
United States Treasury Bonds, $26,900,000 par value, 3.75%, due 8/15/2041	**(a)**	$30,297,174

(a) Balance did not represent 5% or more of the Master Trust's net assets on the respective date.

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

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

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

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

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

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

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

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

Registered investment companies – Valued at the net asset value per share as reported in the active markets on which the individual securities are traded. There are no restrictions as to the redemption of these investments nor does the Plan have any contractual obligations to further invest in any of the individual registered investment companies.

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

Partnership/joint venture interests (Level 1) – Valued based on prices received from an external manager or other pricing sources.

Alternative investments and other (Level 2) – Represents foreign currencies, foreign future contracts, and foreign currency denominated short-term debt obligations. Valued at the closing price for similar assets or liabilities reported in the active markets in which these investments are traded.

Alternative investments and other and partnership/joint venture interests (NAV) – Represents investments in hedge funds, including fund of funds products and open end mutual funds. Investments are valued based on reported net asset value ("NAV"), as provided by the Plan administrator of the fund. Investments are valued at NAV based on statements received from the investment manager. The NAV is used as a practical expedient to estimate fair value. These products invest in a number of investment funds managed by a diversified group of third-party investment managers who employ a variety of alternative investment strategies, including relative value, security selection, distressed value, global macro, specialized credit and directional strategies. The objective of these funds is to achieve the desired capital appreciation with lower volatility than either traditional equity or fixed income securities.

The Plan administer determines the fair value measurement policies and procedures, subject to oversight by the Company's employee benefit committee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

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.

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

The following tables set forth the fair value of the Master Trust's assets, by level, within ASC 820 fair value hierarchy, as of December 31, 2017 and 2016:

	December 31, 2017 Fair Value Measurements Using:			
	Level 1	**Level 2**	**NAV(a)**	**Total**
Cash	**$ 19,531,571**			**$ 19,531,571**
Common stock	**48,462,537**			**48,462,537**
U.S. Government securities	**399,112,977**			**399,112,977**
Registered investment companies	**41,203,581**			**41,203,581**
Common/collective trusts		**$25,994,637**		**25,994,637**
Partnership/joint venture interests			**$47,675,544**	**47,675,544**
Alternative investments and other		**26,796,315**	**14,259,464**	**41,055,779**
	$508,310,666	**$52,790,952**	**$61,935,008**	**$623,036,626**

	December 31, 2016 Fair Value Measurements Using:			
	Level 1	**Level 2**	**NAV(a)**	**Total**
Cash	$ 14,338,368			$ 14,338,368
Common stock	53,944,028			53,944,028
Common stock – Hubbell Incorporated	40,048,639			40,048,639
Corporate bonds	13,006,483			13,006,483
U.S. Government securities	332,073,286			332,073,286
Registered investment companies	37,917,854			37,917,854
Common/collective trusts		$27,669,710		27,669,710
Partnership/joint venture interests	24,654		$47,103,370	47,128,024
Alternative investments and other		4,074,598	30,122,824	34,197,422
	$491,353,312	$31,744,308	$77,226,194	$600,323,814

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

(a) Certain investments that were measured at NAV 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 statement of net assets available for Plan benefits.

The following tables provide a reconciliation of beginning and ending balances of assets measured at fair value on a recurring basis where the determination of fair value includes significant unobservable inputs (Level 3) for the years ended December 31, 2016.

	Partnership/ joint venture interests	Alternative investments and other
Balance at January 1, 2016	$47,829,797	$33,334,600
Change in valuation method from Level 3 to NAV	(47,829,797)	(33,334,600)
Balance at December 31, 2016	$ 0	$ 0

The following table summarizes redemption restrictions for investments for which fair value is estimated using NAV per share.

	NAV	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
December 31, 2017				
Partnership/joint venture interests	$43,944,784	-	Quarterly	60 days notice
Partnership/joint venture interests	$ 3,730,760	$ 317,924	Self-liquidating	13 years from first closing, subject to up to 4 one-year extensions
Alternative investments	$12,411,791	-	Quarterly	95 days notice
Alternative investments	$ 1,847,673	-	None	Not applicable
December 31, 2016				
Partnership/joint venture interests	$42,661,665	-	Quarterly	60 days notice
Partnership/joint venture interests	$ 4,441,705	$ 402,120	Self-liquidating	13 years from first closing, subject to up to 4 one-year extensions
Alternative investments	$27,422,506	-	Quarterly	95 days notice
Alternative investments	$ 2,700,318	-	None	Not applicable

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2017 and 2016

7. **Accumulated Plan benefits**:

The actuarial present value of accumulated Plan benefits, as presented below, is based upon an actuarial valuation made as of December 31, 2017 and 2016.

	2017	2016
Vested benefits:		
Participants currently receiving payments	**$298,928,900**	$288,507,000
Other participants	**265,103,300**	242,690,800
Total vested benefits	**564,032,200**	531,197,800
Nonvested benefits	**69,600**	163,600
Total actuarial present value of accumulated Plan benefits	**$564,101,800**	$531,361,400

The actuarial present value of accumulated plan benefits at December 31, 2017 and 2016 increased by $32,740,400 and $12,220,900, respectively, from such benefits at the beginning of the year as follows:

	2017	2016
Actuarial present value of accumulated Plan benefits as of January 1,	**$531,361,400**	$519,140,500
Increase (decrease) during the year attributable to:		
Change in actuarial assumptions	**30,234,400**	29,544,100
Benefits accumulated (including actuarial gains and losses)	**5,166,400**	17,526,700
Interest attributable to decrease in discount period	**22,562,100**	24,207,600
Retirement annuity purchase		(32,100,000)
Benefits paid	**(25,222,500)**	(26,957,500)
Net increase	**32,740,400**	12,220,900
Actuarial present value of accumulated Plan benefits at December 31,	**$564,101,800**	$531,361,400

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2017 and 2016

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

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

The following represents information relating to the Master Trust:

HUBBELL INCORPORATED - MASTER PENSION TRUST

STATEMENTS OF NET ASSETS

	December 31, 2017	December 31, 2016
Accrued income receivable	**$ 3,259,426**	$ 3,076,518
Investments at fair value:		
Cash	**19,531,571**	14,338,368
Common stock	**48,462,537**	53,944,028
Common stock - Hubbell Incorporated		40,048,639
Corporate bonds		13,006,483
U.S. Government securities	**399,112,977**	332,073,286
Registered investment companies	**41,203,581**	37,917,854
Common/collective trusts	**25,994,637**	27,669,710
Partnership/joint venture interests	**47,675,544**	47,128,024
Alternative investments and other	**41,055,779**	34,197,422
	$626,296,052	$603,400,332

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2017 and 2016

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

HUBBELL INCORPORATED - MASTER PENSION TRUST

STATEMENTS OF INCOME, EXPENSES AND CHANGES IN NET ASSETS

	2017	2016
Net assets at beginning of year	**$603,400,332**	$655,338,512
Additions:		
Dividend income	**1,943,449**	2,223,932
Interest income	**12,892,426**	12,890,632
Contributions		10,000,000
Other investment income	**33,677**	26,637
	14,869,552	25,141,201
Net unrealized appreciation (depreciation):		
Common stock	**7,857,282**	5,653,206
Preferred stock	**69**	
Corporate bonds		462,041
U.S. Government securities	**24,169,504**	(26,356,454)
Registered investment companies	**1,025,087**	(1,092,190)
Partnership/joint venture interests	**4,352,925**	2,228,238
Alternative investments and other	**9,091,850**	2,363,121
	46,496,717	(16,742,038)
Realized gain (loss):		
Common stock	**8,066,379**	2,307,550
Preferred stock	**102**	(33,571)
Corporate bonds	**106,519**	3,862,775
U.S. Government securities	**(2,461,300)**	3,419,586
Registered investment companies	**1,236,637**	4,060
Partnership/joint venture interests	**(2,925,805)**	(2,016,052)
Alternative investments and other	**(2,424,080)**	12,200,957
	1,598,452	19,745,305
Total additions	**62,964,721**	28,144,468
Deductions:		
Benefit payments	**32,498,655**	75,368,016
Investment and other expenses	**7,570,346**	4,714,632
Total deductions	**40,069,001**	80,082,648
Net assets at end of year	**$626,296,052**	$603,400,332

9. **Federal income taxes:**

The Internal Revenue Service has previously ruled that the Plan and the Master Trust meet the requirements of Section 401(a) of the Internal Revenue Code (the "Code") and that the Master Trust is exempt from federal income taxes under Section 501(a) of the Code. Accordingly, no provision has been made for U.S. income taxes. The Plan's most recent determination letter is dated January 31, 2018.

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

Management evaluated the Plan's tax positions and has concluded that as of December 31, 2017, the Plan has 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 years prior to 2014.

10. **Risks and uncertainties:**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2017 and 2016

11. **Related party transactions:**

Certain Plan investments in the Master Trust were shares of Hubbell Incorporated common stock. The Trust held 343,176 shares at December 31, 2016 valued at $40,048,639. These investments qualify as party-in-interest transactions which are exempt from prohibited transaction rules under ERISA.

Fees paid by the Plan to The Northern Trust Company, the trustee of the Plan, for services provided were approximately $276,600 and $296,400 in 2017 and 2016, respectively.

12. **Subsequent events:**

Plan management has evaluated subsequent events through October 12, 2018, the date which the financial statements were available for issue.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2017

	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		1		1		0		0		0		0		0		0	
35 - 39	0		1		5		10		11		0		0		0		0		0	
40 - 44	0		2		7		13		40	93,047	12		0		0		0		0	
45 - 49	1		1		10		22	99,912	64	100,884	29	106,866	12		1		0		0	
50 - 54	0		3		4		27	84,980	57	104,195	39	113,623	32	146,191	12		4		0	
55 - 59	3		3		9		27	98,340	68	103,092	46	109,796	28	119,655	31	112,537	20	106,666	2	
60 - 64	0		0		4		20	68,379	48	92,584	20	123,214	38	115,442	31	99,511	41	128,159	15	
65 - 69	0		0		2		6		12		5		10		4		9		11	
70 & Over	0		0		0		0		1		0		0		0		1		2	

Plan Name: Hubbell Incorporated Retirement Plan for Salaried and Hourly Employees
EIN / PN: 06-0397030/041
Plan Sponsor: Hubbell Incorporated
Valuation Date January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest Rate Basis

■ Applicable month	September
■ Yield curve basis	3-Segment Rates

Interest Rates	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.16%	1.52%
■ Second segment rate	5.72%	3.80%
■ Third segment rate	6.48%	4.79%
■ Current plan year PPA effective interest rate	5.88%	4.08%

Annual Rates of Increase

■ Compensation	3.50%
■ Future Social Security wage bases	3.00%

Plan-Related Expenses — The amount included this year for plan-related expenses is $2,480,000

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion Date

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

New or Rehired Employees

It is assumed there will be no new or rehired employees.

Mortality

- Healthy

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

- Disabled

Mortality in accordance with Revenue Ruling 96-7.

Representative Termination Rates (Per 100 Employees)

Termination rates are based on the rates published for salaried workers in the 2003 Pension Plan and Termination Study published by the Society of Actuaries.

	Percentage Leaving During the Year	
Attained Age	Males	Females
20	17.6	17.6
25	14.1	14.1
30	11.1	11.1
35	8.8	8.8
40	6.9	6.9
45	5.3	5.3
50	4.1	4.1

Disability

One-half Railroad Board's 12th valuation rates of disablement combined with post-disablement mortality rates included in Revenue Ruling 96-7, assuming all post 1994 disabled retirees would be eligible for Social Security disability benefits.

SCHEDULE SB ATTACHMENTS

Retirement

Assumed Rate of Retirement Per 100 Employees	
Age	Rate
55 - 59	3
60 - 61	4
62 - 64	11
65 - 66	20
67 - 69	25
70	100

Future Increases in Maximum Benefits and Plan Compensation Limitations

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

Benefit Commencement Date

- **Preretirement death benefit** — Later of death or age 55.
- **Deferred vested benefit** — Age 65.
- **Disability benefit** — Upon disablement.
- **Retirement benefit** — Upon retirement.

Form of payment

50% are assumed to elect a 50% joint and survivor annuity upon retirement and 50% are assumed to elect a life annuity.

Percent married

For purposes of valuing the pre-retirement death benefit, 85% of participants are assumed to be married.

Spouse age

Wives are assumed to be three years younger than their husbands.

Timing of benefit

Annuity payments are payable monthly at the beginning of the month.

SCHEDULE SB ATTACHMENTS

Methods	
Valuation Date	First day of plan year.
Funding Target	Present value of accrued benefits as required by regulations under IRC §430.
Target Normal Cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year, as required by regulations under IRC §430.
Actuarial Value of Assets	Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).
Data	Participant data was supplied electronically by Hubbell Incorporated.
PBGC Premium Funding Target	The Alternative Premium Funding Target was determined using the interest rate assumptions described In the Interest Rates section above under Not Reflecting Corridors.
Benefits Not Valued	All benefits described in the Plan Provisions section of this report were valued. We are not aware of any significant benefits required to be valued that were not.

Assumptions Rationale – Significant Economic Assumptions	
Interest Rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Rates of Increase in Compensation	Assumed compensation increase based on plan sponsor expectations.

SCHEDULE SB ATTACHMENTS

Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Assumed Return for Asset Smoothing	The assumed return of 6.20% used for asset smoothing is the expected return on assets assumption chosen by the plan sponsor for the 2016 plan year under U.S. GAAP and does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on a published table for pension participants believed to have similar characteristics to the plan population.
Disability	The disability rates are based on plan sponsor expectations for the future. Valuation results are reviewed annually with respect to gains and losses caused by disability patterns different than assumed, as well as annual consideration of whether conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2014, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Source of Prescribed Methods

Funding Methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Changes in Assumptions and Methods since Prior Valuation

In addition to the prescribed change in the mortality table, the following changes in assumptions and methods were made as part of this valuation:

The plan's effective interest rate decreased 19 basis points compared to the prior year (6.07% versus 5.88%).

The assumed plan-related expenses added to the target normal cost were changed from $1,450,000 for 2016 to $2,480,000 for 2017.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Hubbell Incorporated
EIN/PN	06-0397030/041
Plan Name	Hubbell Incorporated Retirement Plan for Salaried and Hourly Employees
Valuation Date	January 1, 2017
Enrolled Actuary	Steven T James
Enrollment Number	17-06406

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

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning and ending

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
HUBBELL INCORPORATED RETIREMENT
PLAN FOR SALARIED & HOURLY EMPLOYEES

1b Three-digit plan number (PN) ▶ 041

1c Effective date of plan 12/01/1972

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HUBBELL INC., AND SUBSIDIARIES
40 WATERVIEW DRIVE
P.O. BOX 1000
SHELTON CT 06484-1000

2b Employer Identification Number (EIN) 06-0397030

2c Plan Sponsor's telephone number 475-882-4000

2d Business code (see instructions) 335900

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

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

SIGN HERE	[signature]	12/10/17	STEPHEN M MAIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

7A6704 2 000

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

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

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

A Name of plan
HUBBELL INCORPORATED RETIREMENT PLAN FOR SALARIED AND HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 041

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HUBBELL INC., AND SUBSIDIARIES

D Employer Identification Number (EIN)
06-0397030

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	465,605,557
b Actuarial value	**2b**	496,969,883

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,004	234,504,890	234,504,890
b For terminated vested participants	1,403	71,684,284	71,684,284
c For active participants	938	115,539,073	115,539,073
d Total	4,345	421,728,247	421,728,247

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.88%
6 Target normal cost	**6**	6,511,059

Statement by Enrolled Actuary

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

SIGN HERE Steven T James

Signature of actuary

9/28/2018

Date

Steven T James

Type or print name of actuary

1706406

Most recent enrollment number

Towers Watson Delaware Inc.

Firm name

901-930-0000

Telephone number (including area code)

3340 Players Club Parkway

Memphis TN 38125

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	64,757,599	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	64,757,599	0
10	Interest on line 9 using prior year's actual return of 2.48%	1,605,988	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5,491,419
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.07%		333,329
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		5,824,748
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	66,363,587	0

Part III Funding Percentages

14	Funding target attainment percentage	14	102.10%
15	Adjusted funding target attainment percentage	15	116.57%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	124.84%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	6,511,059
b Excess assets, if applicable, but not greater than line 31a	**31b**	6,511,059

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

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

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

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

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2017

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

Age	Rate of Retirement Independent	Rate of Retirement Dependent	Weighted Age
55	3.00%	3.00%	1.7
56	3.00%	2.91%	1.6
57	3.00%	2.82%	1.6
58	3.00%	2.74%	1.6
59	3.00%	2.66%	1.6
60	4.00%	3.43%	2.1
61	4.00%	3.30%	2.0
62	11.00%	8.71%	5.4
63	11.00%	7.75%	4.9
64	11.00%	6.90%	4.4
65	20.00%	11.16%	7.3
66	20.00%	8.93%	5.9
67	25.00%	8.93%	6.0
68	25.00%	6.70%	4.6
69	25.00%	5.02%	3.5
70	100.00%	15.06%	10.5
Average age at Retirement			64.5
Nearest whole age			64.0

Plan Name:	Hubbell Incorporated Retirement Plan for Salaried and Hourly Employees
EIN / PN:	06-0397030/041
Plan Sponsor:	Hubbell Incorporated
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions	
Plan Sponsor	Hubbell Incorporated
Plan	Hubbell Incorporated Retirement Plan for Salaried and Hourly Employees
Effective date	December 1, 1972, as amended through February 28, 2017.

SCHEDULE SB ATTACHMENTS

Salaried Participants

Eligibility for Benefits	
Eligibility	All regular full-time and part-time salaried employees hired on or before December 31, 2003, from date of hire.
Background	Effective December 31, 2003, the salaried employees covered by the LCA Pension Plan were merged into this plan. Effective January 1, 2004, this Plan was amended to provide everyone with an identical benefit formula and identical benefits for post 2003 service. The accrued benefits as of December 31, 2003 were frozen and will be increased for changes in Final Average Pay. Post 2003 benefits for employees close to retirement, referred to as grandfathered participants (see below for definition), are set equal to the greater of the amount determined under the new benefit formula or their old benefit formula. Benefits for the grandfathered participants are covered in the "Benefit Formulas for Grandfathered Participants" and "Early Retirement Reduction Factors for Grandfathered Participants" sections of this summary. Effective February 28, 2017, no future service accruals will occur under the plan. Effective December 31, 2020, benefits under the plan will be frozen.

Definitions	
Grandfathered Participant	Each active participant who was age 50 or older with at least 10 years of Vesting Service as of December 31, 2003 is a Grandfathered Participant.
Frozen Benefit	The accrued benefit as of December 31, 2003.
Indexed Benefit	The Frozen Benefit multiplied by the greater of Final Average Pay at termination divided by Final Average Pay at December 31, 2003, or 1.
Rule of 76	Participants who were hired by Columbia Lighting in Spokane, Washington prior to January 1, 1993 whose age plus Accredited Service (which must be at least 15 years), totals 76 or more, are eligible for the Rule of 76. Participants who terminate as a result of layoff who have 15 years of Accredited Service and are within 24 months of the date on which they would have been eligible for the Rule of 76 are also eligible.

SCHEDULE SB ATTACHMENTS

Retirement Dates

Normal	Age 65 and 5 years of participation.
Early	Age 55 and 10 years of service.
Late	After normal retirement date.
Disability	Six months following total and permanent disablement, if disabled after 15 years of service, or 10 years of service as of December 31, 2003 for Ohio Brass Wadsworth and Killark, and 8 years of service as of December 31, 2003 for Progress.

Retirement Benefits

Normal

Benefits are determined as described below. However, credited service under the plan was frozen as of February 28, 2017, and benefits will be frozen as of December 31, 2020.

(a) The sum of (i), (ii), and (iii) below:

(i) The Indexed Benefit, plus

(ii) The sum of 0.85% of Final Average Pay plus 0.65% of Final Average Pay in excess of Covered Compensation multiplied by post 2003 Credited Service, subject to a service cap of 35 years offset by any pre 2004 service, plus

(iii) 1.10% of Final Average Pay multiplied by Credited Service in excess of 35 years.

(b) The following divisions had a medical supplement benefit payable to employees who retire directly from the Company for their lifetime equal to the Multiplier listed below multiplied by Final Average Salary times years of service.

Division	Multiplier
Bryant	0.100%
Corporate	0.100%
Kellems	0.100%
Key	0.100%
Plastics	0.100%
Wiring Device	0.100%
Kerite	0.083%
Pulse Communications	
– Pre 01/01/1997	0.050%
– Post 01/01/1997	0.100%

(c) Only active participants as of December 31, 1991 who were eligible for the supplement as of that date, and Grandfathered Participants, will continue to accrue the medical supplement as part of their post 2003 retirement benefit. The accrued Medical Supplement as of December 31, 2003 is included in the Frozen Benefit and does not need to be redetermined.

Early

Computed as in (a) above based on Credited Service and compensation to date of retirement. For all benefits except for grandfathered benefits noted below in items 11 and 12, and the benefits noted immediately below, the benefit is reduced by 0.6% for each of the first 60 months that early retirement precedes normal retirement date, plus 0.3% for each of the next 60 months that early retirement precedes normal retirement.

Non-grandfathered employees hired in Spokane, Washington prior to January 1, 1993 may become eligible for the Rule of 76. If so, then their early retirement benefit is equal to their Frozen Benefit reduced by 0.00% per month for the first 120 months and 0.25% for the next 72 months that the early retirement date precedes the normal retirement date, plus the excess of their total benefit over their Frozen Benefit, reduced as in the preceding paragraph.

Late

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

Disability

Computed as in "Normal" above, based on projected service and compensation to normal retirement date for all divisions except as noted below.

Based on accrued service and compensation for employees in the Ohio Brass Wadsworth, Killark, and Progress Divisions who have not satisfied the 15 year service requirement.

Benefit Increase for Retirees

Benefits were increased effective January 1, 1985 depending on date of initial benefit commencement, as follows (does not apply to Devine Division):

Year of Commencement	Increase
Before 1979	16%
1979 - 1980	12%
1980 - 1981	6%
1982	3%

SCHEDULE SB ATTACHMENTS

Death Benefits

Pre-Retirement

In the event of death of a vested employee prior to retirement his surviving spouse will be entitled to 50% of the benefit payable to the participant as if he had terminated employment on the day before death if active, retired at the earliest possible date under a 50% Joint and Survivor Option, and then died on the following day. There is a charge for participants who terminated prior to January 1, 2004 while covered by the Hubbell Salaried Plan. If the employee did not waive pre-retirement surviving spouse coverage and he survives until his benefits commence, his normal retirement benefit will subsequently be reduced by 0.2% for each full year after the employee's attainment of age 35 that such coverage was in effect. There is no charge for Ohio Brass Wadsworth accrued benefits as of January 1. 1989, Chance accrued benefits as of January 1, 1995, or Raco Salaried accrued benefits as of January 1, 1991 or Kerite benefits.

For the Kerite Division, if a terminated vested employee dies the surviving spouse will receive 50% of the benefit the employee would have received had he survived to his earliest retirement age and received his current vested accrued benefit as a retirement benefit. If such employee does not leave a surviving spouse or if such spouse dies, said benefit is payable to any surviving child(ren) until such child(ren) reaches age 18.

Post-Retirement

Unless a married participant elects otherwise, the normal form of benefit is a joint and 50% survivor annuity, actuarially reduced. Other benefits are based on elected options at retirement. For the Kerite Division, if no spouse survives, a Surviving Child's Benefit is payable as in "Pre-Retirement," above.

In addition, there is a $3,500 lump sum benefit payable upon death of an employee who retired directly from active service after December 31, 2003.

SCHEDULE SB ATTACHMENTS

Post-Retirement, Continued

The applicable lump sum death benefit amounts for pre-2004 retirements are as follows:

Division	Lump Sum Benefit
Bell	5,000
Chance Exempt	5,000
Chance Non-exempt	2,000
Christiansburg	3,000
Corporate	5,000
Industrial Controls	5,000
Kellems	2,000
Kerite Hourly	3,000
Kerite Salaried	4,000
Key	10,000
Martin	2,000
Moultrie	3,000
Ohio Brass Aiken	2,500
Ohio Brass Wadsworth	2,500
Ontario	3,000
Plastics	10,000
Progress Post 09/30/91 Retirement	6,000
Wiring Device	10,000

Termination

Upon termination of employment after 5 or more years of vesting service an employee will be entitled to a deferred benefit determined as in "Retirement Benefits, Normal" above payable in full at normal retirement date or, if he has at least 10 years of service, payable after age 55 in an actuarially reduced amount. The reduction for post 2003 terminations is equal to the amount in item "Retirement Benefits, Early," above.

The reduction for pre-2004 LCA Lighting terminations is 0.667% for the first 60 months and 0.333% for the next 60 months. Similarly, the reduction for pre-2004 LCA Progress terminations is 0.555% for the first 60 months and 0.278% for the next 60 months.

Employee Contributions

None.

Credited Service

All completed calendar months of service after December 31, 2003. Service prior to that date was determined under the prior plans and used to determine the Frozen Benefit. Prior definitions are not applicable to post 2003 benefit accrual. Credited Service is frozen as of February 28, 2017.

SCHEDULE SB ATTACHMENTS

Benefit Formulas for Grandfathered Participants

The benefit for grandfathered participants is equal to the greater of the benefits in item "Retirement Benefits, Normal," above or the benefits described below:

For Hubbell Salaried

The sum of (a) and (b) below:

(a) The Indexed Benefit, plus

(b) 1-1/2% of the excess of Final Average Pay over Social Security PIA times years of Credited Service after 2003.

For LCA Lighting

The sum of (a) and (b) below:

(a) The Indexed Benefit, plus

(b) The sum of 1.20% of Final 5 Average Pay plus 0.65% of the excess of Final 5 Year Average Pay over Covered Compensation, times Credited Service up to 25 years offset by pre-2004 service.

For Columbia Lighting Employees Hired Prior to December 31, 1993 in Spokane, Washington

The sum of (a) and (b) below:

(a) The Indexed Benefit, plus

(b) The greater of

(i) The sum of 1.20% of Final 5 Average Pay plus 0.65% of the excess of Final 5 Year Average Pay over Covered Compensation, times post 2003 Credited Service up to 25 years offset by pre-2004 service,

(ii) The sum of 1.15% of Final 5 Average Pay times years of post-2003 Credited Service plus 0.30% of the excess of Final 5 Year Average Pay over Covered Compensation, times post 2003 Credited Service up to 35 years offset by pre-2004 Accredited service, or

(iii) 1.35% of Final 5 Average Pay times post 2003 Credited Service.

SCHEDULE SB ATTACHMENTS

For Progress Lighting The sum of (a) and (b) below:

(a) The Indexed Benefit, plus

(b) 1.20% of each year's post 2003 Pay plus 0.65% of each year's post 2003 Pay in excess of Covered Compensation for 35 years of Credited Service, offset by Credited Service prior to 2004.

Early Retirement Reduction Factors for Grandfathered Participants

The reduction factors for early retirement benefits determined under the new formula are in item "Retirement Benefits, Early," above. The reduction for grandfathered benefits is equal to the more favorable of the factors determined in item "Retirement Benefits, Early," above, or the factors under the prior provisions summarized below:

For Hubbell Salaried The reduction is 0.3% per month plus an additional 0.2% per month for each month under age 60 that the early retirement date precedes the normal retirement date for the following locations: Anderson, Bryant, Christiansburg, Corporate, Industrial Controls, Kellems, Kerite (0.3% for all months), Key, Moultrie, Newtown Plastics, Ontario, Pulse, Wiring Device.

For LCA Lighting The reduction is 0.667% for the first 36 months and 0.333% for each of the next 84 months that early retirement precedes the Normal Retirement Date.

For Columbia Lighting Employees Hired Prior to December 31, 1993 in Spokane, Washington The reduction for benefits determined under "Benefit Formulas for Grandfathered Participants" (a) plus "Benefit Formulas for Grandfathered Participants" (b)(1) is 0.667% for the first 36 months and 0.333% for each of the next 84 months that early retirement precedes the Normal Retirement Date.

Eligibility for benefits determined under "Benefit Formulas for Grandfathered Participants" (a) plus "Benefit Formulas for Grandfathered Participants" (b)(2) or (b)(3) is based on the Rule of 76. If you are eligible for the Rule of 76, then the reduction for benefits is 0.00% for the first 120 months and 0.25% for the next 72 months that the early retirement date precedes the Normal Retirements Date. See "Definitions" for eligibility requirements for the rule of 76.

For Progress Lighting The reduction is equal to 1/180th for the first 60 months that early retirement precedes the Normal Retirement Date and 1/360th for the next 60 months.

SCHEDULE SB ATTACHMENTS

Social Security Offset upon Termination or Early Retirement

Based upon projected Social Security PIA at age 65 assuming continuation of covered employment at last rate of salary and assuming no further increases in Social Security benefits, neither automatic nor legislated.

Compensation

Final Average Salary is based on highest three consecutive calendar years out of the past 10 year's annual earnings, including base salary, overtime, bonuses and commissions.

Transitional Supplement

Effective in 1991 for divisions listed below, $100 is payable monthly to age 65 to active employees who retire in the first year (September 2, 1991 - May 31, 1992 for Kerite) and $50 is payable monthly to active employees who retire in the second year of the program (June 1, 1992 - May 31, 1993 for Kerite). Eligibility is based on the Rule of 80.

Division	Lump Sum Benefit
Corporate	04/01/1991
Kellems	03/01/1991
Kerite	09/02/1991
Key	03/01/1991
Ohio Brass Aiken	02/01/1991
Ohio Brass Wadsworth	02/01/1991
Plastics	03/01/1991
Wiring Device	03/01/1991

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

Changes in Plan Provisions since Last Actuarial Valuation

The plan was amended in 2017 to freeze credited service as of February 28, 2017, and to freeze benefits as of December 31, 2020.

SCHEDULE SB ATTACHMENTS

Hourly Participants

Eligibility for Benefits

Eligibility	All regular full-time and part-time hourly employees hired by December 31, 2003 not covered by a union plan, upon date of hire. Employees at Prescolite-Moldcast Carrollton and El Dorado hired by December 31, 2003 become eligible after one year of service, and employees at Progress Spartanburg become eligible after attainment of age 21 and completion of one year of Credited Service, or December 31, 2003, if earlier.

Retirement Dates

Normal	Age 65 and 5 years of participation. If earlier for Progress Spartanburg: age 62 with 30 years of vesting service.
Early	Age 55 and 10 years of service (15 years for Prescolite-Moldcast Carrollton and El Dorado employees).
Disability	Six months following total and permanent disablement, if disabled after 15 years of service. (8 years for Progress Spartanburg and immediate eligibility for Prescolite-Moldcast Carrollton and El Dorado).

SCHEDULE SB ATTACHMENTS

Retirement Benefits

Normal

Benefits are determined as described below. However, credited service under the plan was frozen as of February 28, 2017, and benefits are frozen as of December 31, 2020.

(a) For Archdale Division

$5.00 per month for each year of service after February 1, 1995.

(b) For Corporate Office

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

* Includes medical supplement.

(c) For Dallas Warehouse Division

$10.00 per month for each year of service after December 31, 2000.

(d) For Kellems Division

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

* Includes medical supplement.

Plan Name: Hubbell Incorporated Retirement Plan for Salaried and Hourly Employees
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SCHEDULE SB ATTACHMENTS

(e) For Lighting Division (Moultrie)

$10.00 per month for each year of service before April 1, 1999, $11.00 per month for each year of service between April 1, 1999 and April 1, 2001, and $12.00 per month for each year of service after March 31, 2001. Service prior to July 26, 1972 is excluded for former employees of Southern Industrial Diecasting Co.

(f) For Louisiana Division

$120 per year for each year of credited service on and after January 1, 1989, and $72 per year for each year of credited service before January 1, 1989.

(g) For MidAtlantic Division

$5.00 per month for each year of service from January 1, 1995 to December 31, 2000; $10 per month for each year of service from January 1, 2001 to December 31, 2013; $12 per month for each year of service after December 31, 2013.

(h) For Plastics Division

Average Salary at Retirement		Basic Monthly Pension for Each Year of Service
Hourly Rate	Monthly Rate	
0 - 7.99	0 - 1,391	13.00*
8.00 - 9.99	1,392 - 1,566	14.00
9.00 - 9.99	1,567 - 1,739	15.00
10.00 & Over	1,740 & Over	17.00

* Includes medical supplement.

(i) For Premise, North Carolina Division

$5.00 per month for each year of service after December 31, 1991.

(j) For Prescolite – Moldcast El Dorado Participants

The monthly amount of pension payable at Normal Retirement Date is the following multipliers in effect at termination multiplied by Credited Service:

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

SCHEDULE SB ATTACHMENTS

(k) For Progress Spartanburg

The monthly amount of pension payable at Normal Retirement Date is the multiplier in effect at termination multiplied by Credited Service:

Benefit Multiplier	Effective Date
$5.00	01/01/1985
$7.00	01/01/1989
$10.00	01/01/1992

(l) For Pulse Communications Division

$6.25 per month for each year of service before January 1, 1997, and $17.50 per month for each years of service after January 1, 1997, provided that this amount is not less than $759 with respect to a Participant who has completed 10 or more years of Credited Service. These amounts include the medical supplement.

(m) For Wiring Device Division - Bridgeport

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

* Includes medical supplement.

Early

Computed as in "Normal" above, based on Credited Service and Compensation to date of retirement with such benefit reduced by 0.6% (0.4% for the Wiring Division – Bridgeport) and actuarial equivalent for the Archdale, Dallas Warehouse MidAtlantic, and Premise Divisions, for each month early retirement precedes normal retirement date, provided that no reduction be greater than the actuarial equivalent. The reduction for employees at Prescolite-Moldcast Carrollton and El Dorado and Progress Spartanburg is 0.555% for each of the first 60 full months and 0.278% for each additional full month that the Early Retirement Date precedes the Normal Retirement Date.

Late

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

SCHEDULE SB ATTACHMENTS

Disability

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

Benefit Increase for Retirees

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

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

Death Benefits

Pre-Retirement

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

Post-Retirement

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

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

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

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Post-Retirement, Continued

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

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

Employee Contributions

None.

Credited Service

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

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

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

Credited Service was frozen for all locations as of February 28, 2017.

Termination

Upon termination of employment after 5 years or more years of service, an employee will be entitled to a deferred benefit determined under the Retirement Benefits section above, payable in full after age 65 or, if he has at least 10 years of service (15 years for Prescolite-Moldcast Carrollton and El Dorado), payable after age 55 in an actuarially reduced amount. The reduction for Prescolite-Moldcast Carrollton and El Dorado and Progress Spartanburg is 0.555% for each of the first 60 full months and 0.278% for each additional full month that the Early Retirement Date precedes the Normal Retirement Date.

Average Salary

Based on average rate in final three quarters worked.

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Transitional Supplement

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

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

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

Changes in Plan Provisions Since Last Actuarial Valuation

The plan was amended in 2017 to freeze credited service as of February 28, 2017, and to freeze benefits as of December 31, 2020.

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Schedule SB, Line 24
Change in Actuarial Assumptions

- The assumed plan-related expenses added to the target normal cost were changed from $1,450,000 for 2016 to $2,480,000 for 2017.

Plan Name:	Hubbell Incorporated Retirement Plan for Salaried and Hourly Employees
EIN / PN:	06-0397030/041
Plan Sponsor:	Hubbell Incorporated
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