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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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. . . . . ▶ [X]

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 PENSION PLAN F/K/A HUBBELL INC. RETIREMENT COLLECTIVELY BARGAINED HOURLY EMPLOYEES

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 08/01/1959

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. & 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.	10/19/2021	STEPHEN M. MAIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	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**	4278
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)**	1200
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1158
b Retired or separated participants receiving benefits	**6b**	1437
c Other retired or separated participants entitled to future benefits	**6c**	1348
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3943
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	217
f Total. Add lines **6d** and **6e**	**6f**	4160
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**	29
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:

1B

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)** [X] **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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 PENSION PLAN F/K/A HUBBELL INC. RETIREMENT COLLECTIVELY BARGAINED HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HUBBELL INC. & 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 2020

2 Assets:

a Market value	**2a**	170899982
b Actuarial value	**2b**	163122150

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	1490	70853943	70853943
b For terminated vested participants	1599	36931665	36931665
c For active participants	1200	34162256	34993629
d Total	4289	141947864	142779237

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**	5.41 %
6 Target normal cost	**6**	1919542

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

	10/04/2021
Signature of actuary	Date
SUMAN MINNICK	20-08441
Type or print name of actuary	Most recent enrollment number
WILLIS TOWERS WATSON US LLC	203-326-5400
Firm name	Telephone number (including area code)
800 NORTH GLEBE ROAD FLOOR 10 ARLINGTON, VA 22203	
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)	10334430	9278400
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2651543	0
9	Amount remaining (line 7 minus line 8)	7682887	9278400
10	Interest on line 9 using prior year's actual return of 17.48 %	1342969	1621864
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.54 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9025856	10900264

Part III Funding Percentages

14	Funding target attainment percentage	14	100.29 %
15	Adjusted funding target attainment percentage	15	113.49 %
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	105.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	0.00 %

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
12/31/2020	27500	0			
12/31/2020	72500	0			
			Totals ► 18(b)	100000	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	68789
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	26092

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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**	1919542
b Excess assets, if applicable, but not greater than line 31a	**31b**	416793

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**	1502749

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	2487249	0	2487249

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**	26092

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	26092
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	26092
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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
HUBBELL PENSION PLAN F/K/A HUBBELL INC. RETIREMENT COLLECTIVELY BARGAINED HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

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

D Employer Identification Number (EIN)
06-0397030

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: STEVEN T JAMES
b EIN: 53-0181291
c Position: ENROLLED ACTUARY
d Address: 3340 PLAYERS CLUB PARKWAY
SHADOW CREEK II FLOOR 2, SUITE 200
MEMPHIS, TN 38125
e Telephone: 901-252-4000

Explanation: REASSIGNMENT OF WORK WITHIN WILLIS TOWERS WATSON

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
HUBBELL PENSION PLAN F/K/A HUBBELL INC. RETIREMENT COLLECTIVELY BARGAINED HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

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

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	185483117

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

SCHEDULE H (Form 5500)

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
HUBBELL PENSION PLAN F/K/A HUBBELL INC. RETIREMENT COLLECTIVELY BARGAINED HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
HUBBELL INC. & 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)	170258156	185483117
(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	170258156	185483117
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	390944	343497
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	390944	343497
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	169867212	185139620

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)	100000	
	(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)		100000
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)		22954502
(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		23054502
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7782094	
(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)		7782094
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		7782094
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15272408
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) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PKF O'CONNOR DAVIES, LLP **(2)** EIN: 27-1728945

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	

			Yes	No	Amount
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	
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		50000000
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 428348.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
HUBBELL PENSION PLAN F/K/A HUBBELL INC. RETIREMENT COLLECTIVELY BARGAINED HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
HUBBELL INC. & 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): _____ _____

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** | 10

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): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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: _____% Investment-Grade Debt: 48.9 % High-Yield Debt: 45.7 % Real Estate: _____% Other: 5.4 %

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Hubbell Pension Plan

Financial Statements

December 31, 2020 and 2019

PKF O'CONNOR DAVIES
ACCOUNTANTS AND ADVISORS

Independent Auditors' Report

To the Participants and Administrator
Hubbell Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hubbell Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with 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 the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("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 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, 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.

PKF O'Connor Davies, LLP is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

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.

PKF O'Connor Davies, LLP

October 13, 2021
Shelton, Connecticut

Hubbell Pension Plan

Statements of Net Assets Available for Benefits

	December 31, 2020	December 31, 2019
ASSETS		
Investments, at Fair Value		
Investment in Hubbell Incorporated Master Pension Trust	$ 185,483,117	$ 170,258,156
LIABILITIES		
Accrued expenses	343,497	390,944
Net Assets Available for Benefits	$ 185,139,620	$ 169,867,212

Hubbell Pension Plan

Statement of Changes in Net Assets Available for Benefits

	December 31,	
	2020	2019
ADDITIONS		
Employer Contributions	$ 100,000	$ -
Investment Income		
Change in Plan interest in the Hubbell Incorporated Master Pension Trust	24,461,748	24,515,398
Total Additions	24,561,748	24,515,398
DEDUCTIONS		
Benefits paid to participants	7,782,094	7,023,053
Administrative expenses	1,507,246	1,978,385
Total Deductions	9,289,340	9,001,438
Net Increase	15,272,408	15,513,960
Transfer from other plan	-	13,128,275
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	169,867,212	141,224,977
End of year	$ 185,139,620	$ 169,867,212

See notes to financial statements

1. Description of the Plan

The following description of the Hubbell Pension Plan (the "Plan") provides only general information. Effective December 30, 2019, the Plan name was amended from Hubbell Incorporated Retirement Plan for Collectively Bargained Hourly Employees. Participants should refer to the Plan agreement for a more complete description of Plan provisions.

General

The Plan is a defined benefit (non-contributory) pension plan which covers each employee of Hubbell Incorporated (the "Company") whose benefits are subject to collective bargaining, provided the employee 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").

Effective December 30, 2019, certain participants (as defined in the Plan documents) previously included in the Hubbell Retirement Plan for Salaried and Hourly Employees (the "Retirement Plan") were transferred into the Plan. In connection with the transfer, $13,128,275 of assets were transferred from the Retirement Plan to the Plan under Code Section 414(1) and consists of a de minimis spin-off of assets with respect to the Retirement Plan and a merger of assets with respect to the Plan.

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.

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.

Funding Policy

All contributions to provide benefits under the Plan are made by the Company. 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, 2020 and 2019.

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.

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

Retirement Benefits

Monthly normal retirement benefits, which are payable at age 65, are determined by multiplying a participant's years of credited service by the applicable monthly benefit rate, dependent on the location.

The Plan also provides for the payment of lesser benefits if an employee elects early retirement after attaining a stated age and number of years of benefit service. In addition, certain optional forms of benefit payments are available.

Participants become fully vested in the Plan after they have completed five years of service. Any forfeitures arising due to the termination of service of nonvested employees shall be used to reduce the Company's subsequent contributions to the Plan.

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. 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, provided they have the required years of credited service. 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.

Investment and Other Expenses

Investment and other allowable Plan expenses are paid out of the Master Trust. Other unallowable expenses are paid by the Plan sponsor. Direct expenses are directly allocated to the Plan. Indirect expenses 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.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Pursuant to U.S. GAAP guidance, alternative investments where fair value is measured using the Net Asset Value ("NAV") per share as a practical expedient is not categorized within the fair value hierarchy.

Investment Valuation and Income Recognition

The Plan's interest in the Master Trust investments are stated at fair value.

The Plan administrator 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 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. Refer to Note 6 for additional information about the Master Trust.

2. **Summary of Significant Accounting Policies *(continued)***

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

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.

Recent Accounting Pronouncements

The Plan's management continuously monitors and reviews all current accounting pronouncements and standards from the Financial Accounting Standards Board (FASB) and other authoritative sources of U.S. GAAP for applicability to the Plan's operations. As of December 31, 2020, there were no new pronouncements, interpretations or staff positions that had or were expected to have, including those not yet adopted, a significant impact on the financial statements of the Plan.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 13, 2021.

3. **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 beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Accumulated plan benefits for active employees are based on their years of service and monthly benefit rate on the date the benefit information is presented ("valuation date"). 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.

3. **Actuarial Present Value of Accumulated Plan Benefits *(continued)***

The significant actuarial assumptions used in the December 31, 2020 and 2019 valuations were (a) life expectancy of participants (2020; Sex distinct Pri-2012 mortality tables for annuitants, non-annuitants, and contingent survivors with blue collar adjustment and no amounts adjustments, with generational projection from 2012 using Scale MP-2020 and 2019; Sex distinct Pri-2012 mortality tables for annuitants, non-annuitants, and contingent survivors without collar or amounts adjustments, with generational projection from 2012 using Scale MP-2019), (b) retirement age assumptions (2020 and 2019; for certain divisions, age 62 if age plus years of service equals 90 or more, for others 3% of employees will retire between ages of 55 and 59, 4% between ages 60 and 61, 9% at age 62, 12% between ages of 63 and 64, 18% at age 65, 18% at age 66, 30% between ages of 67 and 69, and 100% at age 70), and (c) discount rate of 2.60% for 2020 and 3.30% for 2019.

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

The actuarial present value of accumulated plan benefits, as presented below, is based upon an actuarial valuation made as of December 31:

	2020	2019
Vested benefits		
Participants currently receiving payments	$ 88,593,300	$ 81,431,000
Other participants	102,816,500	104,435,600
Total Vested Benefits	191,409,800	185,866,600
Nonvested benefits	549,000	887,600
Total Actuarial Present Value of Accumulated Plan Benefits	$191,958,800	$186,754,200

3. **Actuarial Present Value of Accumulated Plan Benefits *(continued)***

The change in the actuarial present value of accumulated plan benefits for the year ending December 31, 2020 and 2019, is as follows:

	2020	2019
Actuarial present value of accumulated plan benefits, beginning of year	$186,754,200	$148,576,000
Increase (decrease) during the year attributable to:		
Change in actuarial assumptions	10,185,500	21,216,500
Benefits accumulated (including actuarial gains and losses)	(3,253,000)	2,678,200
Interest attributable to decrease in discount period	6,054,100	6,448,100
Transfer from Hubbell Retirement Plan for Salaried and Hourly Employees	-	14,858,400
Benefits paid	(7,782,000)	(7,023,000)
Net increase	5,204,600	38,178,200
Actuarial Present Value of Accumulated Plan Benefits, End of Year	$191,958,800	$186,754,200

4. **Certified Investments**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019, the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019.

5. Plan Termination Priorities

In the event of discontinuance of the Plan, the assets then remaining shall be allocated as prescribed by ERISA and its related regulations, to the extent they will 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.

6. 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 one other Hubbell Incorporated sponsored retirement plan. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by the 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, 2020 and 2019, the Plan's interest in the net assets of the Master Trust was approximately 28.1% and 27.5%, 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.

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

The following table presents the assets, including investments, of the Master Trust as of December 31, 2020:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Cash	$ 2,783,769	$ 783,223
Common stock	58,219	16,380
U.S. Government securities	51,745,477	14,558,769
Registered investment companies	89,573,561	25,201,832
Corporate debt instruments	143,851,609	40,473,149
Common/collective trusts	348,906,566	98,166,072
Partnership/joint venture interests	2,148,996	604,627
Alternative investments and other	18,431,204	5,185,684
	657,499,401	184,989,736
Accrued income receivable	1,753,598	493,381
	$659,252,999	$185,483,117

The following table presents the assets, including investments, of the Master Trust as of December 31, 2019:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Cash	$ 3,124,176	$ 857,938
Common stock	54,788	15,046
U.S. Government securities	63,776,068	17,513,720
Registered investment companies	85,768,049	23,552,998
Corporate debt instruments	121,597,260	33,392,155
Common/collective trusts	322,428,946	88,543,091
Partnership/joint venture interests	3,443,221	945,552
Alternative investments and other	17,465,088	4,796,135
	617,657,596	169,616,635
Accrued income receivable	2,336,095	641,521
	$619,993,691	$170,258,156

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

The following table presents the changes in net assets of the Master Trust for the years ended December 31:

	2020	2019
Master Trust net assets, beginning of year	$619,993,691	$562,465,330
Additions		
Employer contributions	15,000,000	10,000,000
Net appreciation in fair value of investments	75,209,750	85,831,021
Dividend income	632,743	460,185
Interest income	9,597,943	9,612,870
Other investment income	868,918	130,070
Total additions	101,309,354	106,034,146
Deductions		
Benefits paid to participants	56,634,972	42,429,060
Administrative expenses	5,415,074	6,076,725
Total deductions	62,050,046	48,505,785
Master Trust Net assets, end of year	$659,252,999	$619,993,691

The following tables set forth by level, within the fair value hierarchy, the assets at fair value of the Master Trust as of December 31:

	2020			
	Level 1	Level 2	Other Investments Measured at NAV *	Total
Cash	$ 2,783,769	$ -	$ -	$ 2,783,769
Common stock	58,219	-	-	58,219
U.S. Government securities	-	51,745,477	-	51,745,477
Registered investment companies	89,573,561	-	-	89,573,561
Corporate debt instruments	-	143,851,609	-	143,851,609
Common/collective trusts	-	348,906,566	-	348,906,566
Partnership/joint venture interests	-	-	2,148,996	2,148,996
Alternative investments and other	-	17,996,454	434,750	18,431,204
	$92,415,549	$562,500,106	$2,583,746	$657,499,401

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

	2019			
	Level 1	Level 2	Other Investments Measured at NAV *	Total
Cash	$ 3,124,176	$ -	$ -	$ 3,124,176
Common stock	54,788	-	-	54,788
U.S. Government securities	-	63,776,068	-	63,776,068
Registered investment companies	85,768,049	-	-	85,768,049
Corporate debt instruments	-	121,597,260	-	121,597,260
Common/collective trusts	-	322,428,946	-	322,428,946
Partnership/joint venture interests	-	-	3,443,221	3,443,221
Alternative investments and other	-	16,118,812	1,346,276	17,465,088
	$88,947,013	$523,921,086	$4,789,497	$617,657,596

* As discussed in Note 2, investments that are measured using the practical expedient are not classified within the fair value hierarchy.

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

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
December 31, 2020				
Partnership/joint venture interests	$ 2,148,996	-	Self-liquidating	13 years from first closing, subject to up to 4 one-year extensions
Alternative investments	$ 434,750	-	None	Not applicable

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

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
December 31, 2019				
Partnership/joint venture interests	$ 920,824	-	Quarterly	60 days notice
Partnership/joint venture interests	$ 2,522,397	-	Self-liquidating	13 years from first closing, subject to up to 4 one-year extensions
Alternative investments	$ 549,803	-	Quarterly	95 days notice
Alternative investments	$ 796,473	-	None	Not applicable

7. **Risks and Uncertainties**

The Master Trust 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 statements of net assets available for benefits.

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

The global economic uncertainty associated with the COVID-19 pandemic has resulted in significant volatility in global financial markets. This volatility has affected, and may continue to affect, the value of the Plan's net assets available for benefits. The effects of economic and market conditions subsequent to December 31, 2020 are not reflected in these financial statements and future effects on the Plan's net assets available for benefits cannot be predicted due to uncertainty regarding the duration and scope of the pandemic and other changing market conditions.

8. **Income Tax Status**

The Plan obtained its latest determination letter on January 31, 2018, in which the Internal Revenue Service (the “IRS”) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the “IRC”). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan and the related trust are currently designed and being operated in compliance with the applicable requirements of the IRC.

8. Income Tax Status

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

9. Amendments

The Plan was amended to increase the benefit multiplier for the Hubbell Powers Systems in Centralia, Missouri division to $29.50 per year of service on or after January 1, 2014, $30.25 per year of service on or after January 1, 2016, $31.00 per year of service on or after January 1, 2017, $31.75 per year of service on or after January 1, 2018, and $32.50 per year of service on or after January 1, 2019. Effective January 1, 2016, the Plan was amended so that no participant may earn more than 36 years of benefit service. The Plan was amended to freeze all benefits effective February 1, 2020. However, participants who have accrued benefits shall continue to earn vesting service in accordance with the terms of Plan.

Effective January 1, 2016 additional retirement benefit accruals were frozen for participants hired after December 31, 1999 for the E.M. Weigmann in Freedburg, Illinois division. In addition, the Plan was frozen to new participants effective January 1, 2016.

The Plan was amended to increase the benefit multiplier for the Leeds, Alabama division. The multiplier for employees hired prior to September 16, 1999 increased to $33.85 effective October 1, 2017, $34.85 effective October 1, 2018, $35.85 effective October 1, 2019, $36.85 effective October 1, 2020 and $37.85 effective October 1, 2021. Additional retirement benefit accruals for participants hired after September 16, 1999 were frozen effective November 30, 2015. In addition, the Plan was frozen to new participants effective November 30, 2015.

Effective October 1, 2017, the Plan was frozen to new participants for the Killark Electric in St. Louis, Missouri division.

Effective January 1, 2016, additional retirement benefit accruals were frozen for the Raco Division in South Bend, Indiana. In addition, the Plan was frozen to new participants effective January 1, 2016.

The Plan was amended to freeze all benefits for the Christiansburg, Virginia division effective August 1, 2017. However, participants who have accrued benefits shall continue to earn vesting service in accordance with the terms of Plan.

9. **Amendments *(continued)***

The Plan was amended to increase the benefit multipliers for the Hubbell Power Systems (Ohio Brass) in Aiken, South Carolina to increase the benefit multipliers for years of service on or after January 1, 2017 through 2019. The multipliers vary based on years of service in the following categories (i) 1 to 10 years of service ($17.75 - $18.75), (ii) 11 to 29 years of service ($20.00 - $21.00), and (iii) 30 or more years of service ($22.25 - $23.25). In addition, the Plan was frozen to new participants effective June 27, 2016. The Plan was amended to freeze all benefits effective January 1, 2020. However, participants who have accrued benefits shall continue to earn vesting service in accordance with the terms of Plan.

10. **Related Party Transactions**

Fees paid by the Plan to the Trustee of the Plan, for services provided were approximately $290,500 and $225,600 in 2020 and 2019, respectively.

* * * * *

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 - Schedule of Active Participant Data as of January 1, 2020

Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	20	2	0	0	0	0	0	0	0	22
25-29	0	36	26	0	0	0	0	0	0	0	62
30-34	0	20	43	4	1	0	0	0	0	0	68
35-39	2	30	38	21	5	1	0	0	0	0	97
40-44	0	26	30	12	14	9	1	0	0	0	92
45-49	0	27	45	21	20	28	14	2	0	0	157
50-54	0	25	38	16	17	21	20	25	4	0	166
55-59	0	22	45	15	21	22	35	31	21	3	215
60-64	0	9	36	17	20	24	35	20	50	30	241
65-69	0	2	12	3	9	7	8	6	13	17	77
70 & over	0	0	0	2	0	0	0	0	0	1	3
Total	2	217	315	111	107	112	113	84	88	51	1,200

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Hubbell Pension Plan F/K/A Hubbell Inc. Retirement Plan for Collectively Bargained Hourly Employees
EIN / PN: 06-0397030/007
Plan Sponsor: Hubbell Incorporated
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Hubbell Incorporated
EIN/PN	06-0397030/007
Plan Name	Hubbell Pension Plan F/K/A Hubbell Inc. Retirement Plan for Collectively Bargained Hourly Employees
Valuation Date	January 1, 2020
Enrolled Actuary	Suman Minnick
Enrollment Number	20-08441

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.

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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 PENSION PLAN F/K/A HUBBELL INC. RETIREMENT PLAN FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HUBBELL INC. & 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 2020

2 Assets:

a Market value	**2a**	170,899,982
b Actuarial value	**2b**	163,122,150

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	1,490	70,853,943	70,853,943
b For terminated vested participants	1,599	36,931,665	36,931,665
c For active participants	1,200	34,162,256	34,993,629
d Total	4,289	141,947,864	142,779,237

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**	5.41%
6 Target normal cost	**6**	1,919,542

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 Suman Minnick SM

Signature of actuary

10/4/2021
Date

Suman Minnick
Type or print name of actuary

2008441
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

203-326-5400
Telephone number (including area code)

800 North Glebe Road
Floor 10
Arlington VA 22203
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)	10,334,430	9,278,400
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2,651,543	0
9	Amount remaining (line 7 minus line 8)	7,682,887	9,278,400
10	Interest on line 9 using prior year's actual return of 17.48%	1,342,969	1,621,864
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.54%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9,025,856	10,900,264

Part III Funding Percentages

14	Funding target attainment percentage	14	100.29%
15	Adjusted funding target attainment percentage	15	113.49%
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	105.60%
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
12/31/2020	27,500	0			
12/31/2020	72,500	0			
		Totals ► 18(b)	100,000	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	68,789
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	26,092

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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**	1,919,542
b Excess assets, if applicable, but not greater than line 31a	**31b**	416,793

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**	1,502,749

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	2,487,249	0	2,487,249

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**	26,092
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	26,092
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	26,092
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

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	3.64%	2.79%
▪ Second segment rate	5.21%	3.92%
▪ Third segment rate	5.94%	4.38%
▪ Effective interest rate	5.41%	4.08%

Plan-Related Expenses The amount included this year for plan-related expenses is $900,000.

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.

SCHEDULE SB ATTACHMENTS

Mortality

- Healthy

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).

- Disabled

Alternative disabled life mortality in accordance with Revenue Ruling 96-7.

Representative Termination Rates (Per 100 Employees)

The rates at which participants are assumed to leave the Company by age are shown below:

Age	Percentage Leaving During the Year
20	5.0
25	5.0
30	4.4
35	3.8
40	3.1
45	2.5
50	1.9

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. We increased the liability by 50% for pre-65 disabled retirees in the Leeds Molders, Pattern Makers, and Clanton Molders divisions to account for double disability benefits prior to age 65 for said employees ineligible for Social Security disability.

SCHEDULE SB ATTACHMENTS

Retirement Age

- For Anderson Leeds Molders, Anderson Pattern Makers, Anderson Clanton Molders: Age 62 if age plus service equals 90 or more, else following rates in (b).
- All other divisions: Rates varying by age, average age 64.

Age	Assumed Rate of Retirement Per 100 Employees
55 - 59	3
60 - 61	4
62	9
63 - 64	12
65	18
66	18
67 – 69	30
70	100

Benefit Commencement Date

- Preretirement death benefit: Later of death or age 55.
- Deferred vested benefit: The later of age 65 or termination of employment.

  Deferred vested participants who are already past age 65 and have not commenced their benefit are valued with an actuarial increase from age 65 to age 70.5.

  Deferred vested participants who are currently over age 65 and cannot be located are assumed to have forfeited their benefits.
- Disability benefit: Upon disablement.
- Retirement benefit: Upon retirement.

Form of Payment: 20% are assumed to elect a 50% joint and survivor annuity upon retirement, 20% are assumed to elect a 100% joint and survivor annuity upon retirement, and 60% are assumed to elect a life annuity.

SCHEDULE SB ATTACHMENTS

Percent Married	For purposes of valuing the pre-retirement death benefit, 80% 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.

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.)
PBGC Premium Funding Target	The Alternative Premium Funding Target was determined using the interest rate assumptions described above under the not reflecting corridor section.
Benefits Not Valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Hubbell Incorporated furnished participant data as of January 1, 2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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.
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 5.00% used for asset smoothing is the expected return on assets assumption chosen by the plan sponsor for the 2019 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	This assumption was selected based on the results of an assumption study completed during 2019.

SCHEDULE SB ATTACHMENTS

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	This assumption was selected based on the results of an assumption study completed during 2019.

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.

Changes in Assumptions and Methods

Change 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 13 basis points compared to the prior year (5.54% versus 5.41%).
- The assumed plan-related expenses added to the target normal cost were changed from $1,410,000 for 2019 to $900,000 for 2020.
- The turnover, retirement, and form of payment assumptions were revised based on recent plan experience as a result of an assumption study that was conducted in 2019. These assumptions had previously been reviewed in 2014.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The turnover, retirement, and form of payment assumptions were revised based on recent plan experience as a result of an assumption study that was conducted in 2019. These assumptions had previously been reviewed in 2014.

Plan Name:	Hubbell Pension Plan F/K/A Hubbell Inc. Retirement Plan for Collectively Bargained Hourly Employees
EIN / PN:	06-0397030/007
Plan Sponsor:	Hubbell Incorporated
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2020

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	3%	1,000	1.000000	0.030000	1.650000
56	3%	970	0.970000	0.029100	1.629600
57	3%	941	0.940900	0.028227	1.608939
58	3%	913	0.912673	0.027380	1.588051
59	3%	885	0.885293	0.026559	1.566968
60	4%	859	0.858734	0.034349	2.060962
61	4%	824	0.824385	0.032975	2.011499
62	9%	791	0.791409	0.071227	4.416064
63	12%	720	0.720182	0.086422	5.444579
64	12%	634	0.633761	0.076051	4.867281
65	18%	558	0.557709	0.100388	6.525199
66	18%	457	0.457322	0.082318	5.432981
67	30%	375	0.375004	0.112501	7.537575
68	30%	263	0.262503	0.078751	5.355053
69	30%	184	0.183752	0.055126	3.803663
70	100%	129	0.128626	0.128626	9.003839
Average age at retirement					64.502252
Rounded for Schedule SB item 22					65

Plan Name:	Hubbell Pension Plan F/K/A Hubbell Inc. Retirement Plan for Collectively Bargained Hourly Employees
EIN / PN:	06-0397030/007
Plan Sponsor:	Hubbell Incorporated
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 19b
Contributions Made To Avoid Benefit Restrictions

The contribution of $72,500 made on December 31, 2020 was made for the purpose of correcting specified overpayments. This contribution was made by the plan sponsor in lieu of repayments from plan participants.

Plan Name:	Hubbell Pension Plan F/K/A Hubbell Inc. Retirement Plan for Collectively Bargained Hourly Employees
EIN / PN:	06-0397030/007
Plan Sponsor:	Hubbell Incorporated
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Plan Sponsor	Hubbell Incorporated
Plan	Hubbell Incorporated Pension Plan
Effective date	August 1, 1959, as amended through January 1, 2020.

Eligibility for Benefits

Eligibility	All regular full-time hourly employees covered by unions that have adopted this Plan. Centralia, Prescolite-Moldcast El Dorado IAM and IBEW, and Prescolite-Moldcast San Leandro IBEW employees must complete one year of service to be eligible. Employees at Columbia Lighting Spokane and Raco are eligible after attainment of age 21 and completion of 1 year of Credited Service.

Retirement Dates

Normal	Age 65 and 5 years of service (5 years of participation for Centralia Divisions). If earlier for Progress Production and Maintenance: age 62 with 30 years of vesting service. Age 65 for Columbia Lighting Spokane and Raco. Age 65 and the earlier of 5 years of Vesting Service or 5 years of plan participation for Spaulding Lighting.
Early	Age 55 and 10 years of service (age 60 and 10 years of service for the Martin, Parkersburg, Centralia Divisions, and Raco), and age 55 and 15 years of vesting service for Columbia Lighting Spokane, Prescolite-Moldcast El Dorado IAM, IBT and IBEW, and Prescolite-Moldcast San Leandro IBEW employees.
Disability	Six months following total and permanent disablement, if disabled after 15 years of service. (10 years of service for the Bell, Centralia, Columbia Lighting Spokane, Industrial Controls, Killark, Martin, Parkersburg Divisions, Raco, and Spaulding Lighting, 8 years for Progress Production and Maintenance, and immediate for Prescolite-Moldcast El Dorado IAM, IBT and IBEW, and Prescolite-Moldcast San Leandro IBEW employees).
Late	After normal retirement date.

Plan Name:	Hubbell Pension Plan F/K/A Hubbell Inc. Retirement Plan for Collectively Bargained Hourly Employees
EIN / PN:	06-0397030/007
Plan Sponsor:	Hubbell Incorporated
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Retirement Benefits

Normal

- For Aiken Division

For employees hired before January 1, 1975:

Benefit Multiplier	Termination Date
$25.00	Prior to 01/01/2010
$25.50	01/01/2010 - 12/31/2010
$26.00	01/01/2011 - 12/31/2011
$26.50	01/01/2012 - 12/31/2012
$26.75	01/01/2013 - 12/31/2013
$27.25	01/01/2014 - 12/31/2014
$28.25	01/01/2015 - 12/31/2015
$28.75	01/01/2016 - 12/31/2019

For employees hired after January 1, 1975, the following benefit multipliers in effect for various termination dates are as follows:

Benefit Multiplier			
1 – 10 Years	10 – 30 Years	Greater than 30 Years	Termination Date
$14.00	$16.25	$18.50	Prior to 01/01/2010
$14.50	$16.75	$19.00	01/01/2010 - 12/31/2010
$15.00	$17.25	$19.50	01/01/2011 - 12/31/2011
$15.50	$17.75	$20.00	01/01/2012 - 12/31/2012
$15.75	$18.00	$20.25	01/01/2013 - 12/31/2013
$16.25	$18.50	$20.75	01/01/2014 -12/31/2014
$16.75	$19.00	$21.25	01/01/2015 - 12/31/2015
$17.25	$19.50	$21.75	01/01/2016 - 12/31/2016
$17.75	$20.00	$22.25	01/01/2017 -12/31/2017
$18.25	$20.50	$22.75	01/01/2018 - 12/31/2018
$18.75	$21.00	$23.25	01/01/2019 - 12/31/2019

Effective January 1, 2020, no participants will accrue any additional benefits for service earned under the plan.

SCHEDULE SB ATTACHMENTS

- For Anderson Clanton Molders Division

The sum of the following multipliers for the following periods for employees hired before April 20, 2001:

Benefit Multiplier	Period
$24.00	Prior to 01/02/1996
$25.00	01/02/1996 - 09/15/1997
$26.00	09/16/1997 - 09/15/1998
$27.00	09/15/1998

Employees hired on or after April 20, 2001 will have a $15.00 multiplier.

- For Anderson Leeds Molders Division (Local 85B)

For employees hired before September 16, 1999:

Benefit Multiplier	Period
$27.85	Prior to 10/01/2009
$28.35	10/01/2009 - 09/30/2010
$28.85	10/01/2010 - 09/30/2011
$29.35	10/01/2011 - 09/30/2012
$29.85	10/01/2012 - 09/30/2013
$30.35	10/01/2013 - 09/30/2014
$30.85	10/01/2014 - 09/30/2015
$31.85	10/01/2015 - 09/30/2016
$32.85	10/01/2016 - 09/30/2017
$33.85	10/01/2017 - 09/30/2018
$34.85	10/01/2018 - 09/30/2019
$35.85	10/01/2019 - 09/30/2020
$36.85	10/01/2020 - 09/30/2021
$37.85	10/01/2021 -

For employees hired after September 15, 1999:

- Effective December 1, 2015, no participant will accrue any additional benefits for future service under the plan.

Benefit Multiplier	Period
$15.00	Prior to 10/01/2009
$15.50	10/01/2009 - 09/30/2010
$16.00	10/01/2010 - 09/30/2011
$16.50	10/01/2011 - 09/30/2012
$17.00	10/01/2012 - 09/30/2013
$17.50	10/01/2013 - 09/30/2014
$18.00	10/01/2014 -

SCHEDULE SB ATTACHMENTS

- For Anderson Leeds Pattern Makers (Lodge PM 2802)

The sum of the following multipliers for the following periods.

Benefit Multiplier	Period
$25.85	01/03/1996 - 09/15/1997
$26.85	09/16/1997 - 09/15/1998
$27.85	09/16/1998 - 09/30/2000

Effective October 1, 2000, no participant will accrue any additional benefits for future service under the plan.

- For Centralia Division

The following benefit multipliers in effect for various termination dates are as follows. Service cap will increase to 36 years effective January 1, 2016.

As of February 1, 2020, no participants will accrue any additional benefits for service earned under the plan.

Benefit Multiplier	Period
$21.00	Prior to 01/01/2006
$23.00	01/01/2006 - 12/31/2008
$26.00	01/01/2009 - 12/31/2011
$26.75	01/01/2012 - 12/31/2012
$27.75	01/01/2013 - 12/31/2013
$29.50	01/01/2014 - 12/31/2015
$30.25	01/01/2016 - 12/31/2016
$31.00	01/01/2017 - 12/31/2017
$31.75	01/01/2018 - 12/31/2018
$32.50	01/01/2019 - 1/31/2020

- For Christiansburg Division

$19.00 per month for each year of service prior to January 1, 2009, and $20.00 per month for each year of service on or after January 1, 2009. Effective August 1, 2017, all benefits shall be frozen. Participants who have accrued benefits shall continue to earn vesting service in accordance with the terms of the plan.

SCHEDULE SB ATTACHMENTS

- For Columbia Lighting Spokane

The Future Service (Service after August 31, 1965) Multiplier in effect at termination multiplied by Future Service plus the Past Service Multiplier in effect at termination multiplied by Past Service (Service prior to September 1, 1965).

Benefit Multiplier		
Past Service	Future Service	Effective Date
$13.50	$22.50	10/14/1997
$14.00	$23.00	10/14/1998
$15.00	$24.00	11/02/2001
$16.00	$25.00	11/02/2004

- For Devine Division

$9.00 per month for each year of pension service. No future benefits will accrue after February 1, 1994.

- For Industrial Controls Division

$21.00 per month for each year of service, for the first forty years of credited service.

SCHEDULE SB ATTACHMENTS

- For Killark Division — The sum of the following multipliers for the following periods:

Benefit Multiplier	Period
$6.50	Prior to 01/01/1983
$7.50	01/01/1983 - 12/31/1983
$8.50	01/01/1984 - 12/31/1984
$9.50	01/01/1985 - 12/31/1988
$10.50	01/01/1989 - 12/31/1989
$11.50	01/01/1990 - 12/31/1991
$12.50	01/01/1992 - 12/31/1992
$13.50	01/01/1993 - 12/31/1993
$14.50	01/01/1994 - 12/31/1994
$15.50	01/01/1995 - 12/31/1995
$16.50	01/01/1996 - 12/31/1996
$17.50	01/01/1997 - 04/30/1999
$18.50	05/01/1999 - 04/30/2000
$19.50	05/01/2000 - 12/31/2000
$20.00	01/01/2001 - 12/31/2001
$21.00	01/01/2002 - 12/31/2002
$21.83	01/01/2003 - 12/31/2003
$22.83	01/01/2004 - 12/31/2004
$23.67	01/01/2005 - 12/31/2006
$24.67	01/01/2007 - 12/31/2007
$25.67	01/01/2008 - 12/31/2008
$26.67	01/01/2009 - 12/31/2009
$27.67	01/01/2010 - 12/31/2010
$28.67	01/01/2011 - 12/31/2011
$29.67	01/01/2012 - 12/31/2012
$30.67	01/01/2013 - 12/31/2013
$31.67	01/01/2014 - 12/31/2014
$32.67	01/01/2015 - 12/31/2015
$33.67	01/01/2016 -

Plus 3/4% of Final Average Earnings in excess of Covered Compensation, for each year of service determined as of December 31, 1988.

SCHEDULE SB ATTACHMENTS

- For Martin Division

  Effective April 1, 2001, $17.00 per month for the first 35 years. Service cap will increase to 36, 37 and 38 years effective April 1, 2002, April 1, 2003 and April 1, 2004, respectively. Effective April 1, 2003, the multiplier will increase to $18 for each year of service.

- For Ontario Division

  The sum of the following multipliers for the following periods:

Benefit Multiplier	Period
$13.50	Prior to 12/01/2004
$14.50	12/01/2004 - 11/30/2007
$15.00	12/01/2007 - 11/30/2009
$16.00	12/01/2009 -

- For Parkersburg Division

  $19.00 per month for the first 30 years of benefit service.

- For Prescolite – Moldcast El Dorado IAM

  The multiplier in effect at termination multiplied by Credited Service:

Benefit Multiplier	Period
$8.00	01/01/1987
$9.00	01/01/1988
$10.00	09/01/1988
$11.00	09/01/1989
$12.00	09/01/1990
$13.00	09/01/1992
$14.00	09/01/1993
$15.00	03/01/1995
$16.00	09/01/1996
$17.00	08/01/1997
$18.00	09/01/1998
$18.50	09/01/2000
$19.50	09/01/2001
$20.00	09/01/2002

SCHEDULE SB ATTACHMENTS

- For Prescolite – Moldcast El Dorado IBEW

The multiplier in effect at termination multiplied by Credited Service:

Benefit Multiplier	Period
$5.00	Prior to 01/01/1982
$8.00	01/01/1982
$9.00	01/01/1986
$11.00	01/01/1988
$12.00	11/01/1989
$13.00	11/01/1991
$14.00	11/01/1994
$15.00	11/01/1995
$16.00	11/01/1996
$17.00	11/01/1999
$18.00	11/01/2001

- For Prescolite – Moldcast San Leandro IBEW

The multiplier in effect at termination multiplied by Credited Service:

Benefit Multiplier	Effective Date
$12.00	09/01/1986
$15.00	09/01/1989
$16.00	09/01/1992
$18.00	03/01/1995

- For Progress Production and Maintenance

The multiplier in effect at termination multiplied by Credited Service:

Benefit Multiplier	Period
$13.50	01/01/1987
$14.50	10/01/1987
$14.50	10/01/1988
$16.00	10/01/1989
$17.50	10/01/1991
$18.50	10/01/1994
$19.50	10/01/1995
$20.50	10/01/1998
$21.50	10/01/2001
$22.50	10/01/2002
$23.50	10/01/2003

SCHEDULE SB ATTACHMENTS

- For Wiegmann Division

The sum of the following multipliers for the following periods. Pre-January 1, 1994 benefit was frozen under prior plan. Effective December 31, 2015, participants hired on or after January 1, 2000 will no longer accrue any additional benefits for future service under the plan.

Benefit Multiplier	Period
$20.00	01/01/1994 - 12/31/1995
$21.00	01/01/1996 - 12/31/1997
$22.00	01/01/1998 - 12/31/1998
$23.00	01/01/1999 - 12/31/1999
$24.00	01/01/2000 - 12/31/2000
$25.00	01/01/2001 - 12/31/2001
$26.00	01/01/2002 - 12/31/2002
$27.00	01/01/2003 - 12/31/2006
$28.00	01/01/2007 - 12/31/2009
$29.00	01/01/2010 - 12/31/2010
$30.00	01/01/2011 - 12/31/2011
$31.00	01/01/2012 - 12/31/2012
$32.00	01/01/2013 - 12/31/2013
$33.00	01/01/2014 - 12/31/2014
$34.00	01/01/2015 -

SCHEDULE SB ATTACHMENTS

- For Raco

The sum of the following multipliers for the following periods. Effective December 31, 2015, no participant will accrue any additional benefits for future service under the plan.

Benefit Multiplier	Period
$2.00	01/01/1945 - 12/31/1949
$4.00	01/01/1950 - 12/31/1956
$6.00	01/01/1957 - 12/31/1976
$8.00	01/01/1977 - 12/31/1979
$12.00	01/01/1980 - 12/31/1984
$14.00	01/01/1985 - 12/31/1987
$15.00	01/01/1988 - 12/31/1988
$16.00	01/01/1989 - 12/31/1989
$18.00	01/01/1990 - 12/31/1991
$20.00	01/01/1992 - 12/31/1992
$21.00	01/01/1993 - 12/31/1993
$22.00	01/01/1994 - 04/30/1994
$24.00	01/01/1995 - 12/31/1995
$25.00	01/01/1996 - 12/31/1996
$26.00	01/01/1997 - 12/31/1997
$27.00	01/01/1998 - 12/31/1998
$28.00	01/01/1999 - 12/31/1999
$29.00	01/01/2000 - 12/31/2000
$30.00	01/01/2001 - 12/31/2001
$31.00	01/01/2002 - 12/31/2002
$32.00	01/01/2003 - 12/31/2003
$33.00	01/01/2004 - 12/31/2004
$34.00	01/01/2005 - 12/31/2006
$35.00	01/01/2007 - 12/31/2007
$36.00	01/01/2008 - 12/31/2008
$37.00	01/01/2009 - 12/31/2009
$38.00	01/01/2010 - 12/31/2010
$39.00	01/01/2011 - 12/31/2011
$40.00	01/01/2012 - 12/31/2012
$41.00	01/01/2013 - 12/31/2013
$42.00	01/01/2014 - 12/31/2014
$43.00	01/01/2015 - 12/31/2015

SCHEDULE SB ATTACHMENTS

- For Spaulding Lighting

The monthly pension payable at Normal Retirement Date is the applicable multiplier multiplied by Credited Service:

Benefit Multiplier	Period
$9.50	01/01/1987 - 03/08/1987
$10.50	03/09/1987 - 03/08/1988
$11.25	03/09/1988 - 03/08/1990
$12.25	03/09/1990 - 03/31/1998
$13.25	04/01/1998 - 03/08/2000
$13.75	03/09/2000 - 03/08/2003
$14.25	03/09/2003 -

- For PCORE

$17.00 per month for each year of service.

SCHEDULE SB ATTACHMENTS

Early

Computed as in "Normal" above, based on service at early retirement, reduced for each month that early retirement precedes normal retirement as follows:

Aiken	0.600%
Bell	0.500%
Centralia	0.333%
Christiansburg	0.500%
Columbia Lighting Spokane	0.250%
Devine	
• First 60 months preceding 65	0.555%
• Next 60 months	0.278%
Industrial Controls	
• Less than 30 years of service	0.600%
• 30 years or more service	0.300%
Killark	
• First 72 months preceding 65	0.558%
• Next 48 months	0.275%
Martin	0.500%
Ontario	0.600%
Parkersburg	0.500%
Prescolite-Moldcast El Dorado IAM	
• First 60 months preceding 65	0.555%
• Next 60 months	0.278%
Prescolite-Moldcast El Dorado IBEW	
• First 60 months preceding 65	0.555%
• Next 60 months	0.278%
Prescolite-Moldcast San Leandro IBEW	
• First 60 months preceding 65	0.555%
• Next 60 months	0.278%
Progress Production and Maintenance	
• First 60 months preceding 65	0.555%
• Next 60 months	0.278%
Wiegmann	0.600%
Raco	
• First 36 months preceding 65	0.417%
• Next 24 months	0.540%
Spaulding Lighting	
• First 60 months preceding 65	0.556%
• Next 60 months	0.278%
PCORE	0.500%

SCHEDULE SB ATTACHMENTS

Early, Continued

■ **Anderson Leeds Molders, Pattern Makers, and Clanton Molders**	The reduction is 6.0% per year, or, for employees with 30 years of service and whose age plus service equals 90 or more, an unreduced benefit based on 30 years of service. In no event will the reduction be greater than actuarial equivalent.
Late	Computed as in "Normal" above, but based on service to actual retirement date for all Divisions.
Disability	Computed as in "Normal" above, based on projected service to normal retirement date for Christiansburg, Ohio Brass Aiken, Ontario, and Spaulding Lighting Divisions, and accrued service for all other Divisions. Benefits are payable at age 65 for Prescolite-Moldcast El Dorado IAM and IBEW, and Prescolite-Moldcast San Leandro IBEW Divisions. Benefits are payable immediately for all other locations. Pre 65 benefits are doubled for disabled employees for Anderson Leeds Molders, Pattern Makers, and Clanton Molders for any month in which they are ineligible for Social Security disability benefits. Centralia employees receive $100 per month, payable until age 65. At which time a normal retirement benefit based on service to date of disability will be payable. Parkersburg employees, disabled post October 6, 1988, receive the greater of $100 or the monthly normal retirement benefit computed under "Normal" above, based on service at the date of disability.

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. In addition, spouses of Progress Production and Maintenance participants who die after attaining age 45 are eligible to receive his or her benefit immediately. In addition, for participants of Spaulding Lighting, a lump sum death benefit in the amount of $52.50 for each full year of Credited Service is payable to the deceased member's beneficiary if there is no spouse eligible to receive benefits.

SCHEDULE SB ATTACHMENTS

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 the death of a retiree whose benefits commenced immediately after termination of employment.

Division	Lump Sum Benefit
Bell	$5,000
Christiansburg	$1,000
Industrial Controls	$4,000
Martin	$2,000
Progress Production & Maintenance	$6,000 (effective 10/01/1991)
Raco	$50.00 for each full year of credited service, up to $1,000

In addition, for participants of Spaulding Lighting receiving a single life annuity, a lump sum death benefit in the amount of $52.50 for each full year of Credited Service is payable to the designated beneficiary.

Employee Contributions

None.

Credited Service

All service, except for the first year of service and service prior to age 21 for Killark employees hired prior to January 1, 1983. Prior to 1995, Wiegmann employees began accruing credited service on the January 1st or July 1st following one year of service and age 21.

SCHEDULE SB ATTACHMENTS

- **For Parkersburg and Centralia Divisions**

Calendar years after November 30, 1978 for Parkersburg and September 30, 1983 for Centralia in which an employee completes 1,000 hours of service, limited to 30 years for Parkersburg and 35 years for Centralia.

Credited Service, measured in years and completed months, is all continuous service with Hubbell Incorporated. The requirements at other locations are as follows:

Division	Lump Sum Benefit
1,600	Anderson Clanton Molders
1,600	Anderson Leeds Molders
1,600	Anderson Leeds Pattern Makers
1,800	Columbia Lighting Spokane
1,600	Industrial Controls
1,600	Prescolite-Moldcast El Dorado IAM
2,080	Prescolite-Moldcast El Dorado IBE
1,900	Prescolite-Moldcast San Leandro IBEW
1,500	Raco (After 1976)

Vesting Service

Elapsed time for most locations. One year of Vesting Service is accrued for each plan year that the participant is credited with at least 1,000 hours of service for Columbia Lighting Spokane, Prescolite-Moldcast El Dorado IAM and IBEW, Prescolite-Moldcast San Leandro IBEW, Progress Production and Maintenance participants, and Spaulding Lighting.

SCHEDULE SB ATTACHMENTS

Termination

Upon termination of employment after 5 or more years of service, an employee will be entitled to a deferred benefit determined as in 4(a) above, payable in full after age 65 or, if he has satisfied the service requirements for early retirement, a benefit on or after the early retirement date reduced as follows:

Aiken	Actuarially Equivalent
Anderson Clanton Molders	0.500%
Anderson Leeds Molders	0.500%
Anderson Leeds Pattern Makers	0.500%
Bell	Actuarially Equivalent
Centralia	0.333%
Christiansburg	Actuarially Equivalent
Columbia Lighting Spokane	0.250%
Devine	
• First 60 months preceding 65	0.555%
• Next 60 months	0.278%
Industrial Controls	0.600%
Killark	
• First 72 months preceding 65	0.558%
• Next 48 months	0.275%
Martin	Actuarially Equivalent
Ontario	Actuarially Equivalent
Parkersburg	0.500%
Prescolite-Moldcast El Dorado IAM	
• First 60 months preceding 65	0.555%
• Next 60 months	0.278%
Prescolite-Moldcast El Dorado IBEW	
• First 60 months preceding 65	0.555%
• Next 60 months	0.278%
Prescolite-Moldcast San Leandro IBEW	
• First 60 months preceding 65	0.555%
• Next 60 months	0.278%
Progress Production and Maintenance	
• First 60 months preceding 65	0.555%
• Next 60 months	0.278%
Wiegmann	Actuarially Equivalent
Raco	
• First 36 months preceding 65	0.417%
• Next 24 months	0.540%
Spaulding Lighting	
• First 60 months preceding 65	0.555%
• Next 60 months	0.278%
PCORE	0.500%

SCHEDULE SB ATTACHMENTS

Changes in Plan Provisions from the Prior Valuation

Benefits were frozen for participants of Aiken and Centralia, effective January 1, 2020, and February 1, 2020, respectively.

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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 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 . . . . . ▶ [X]

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 PENSION PLAN F/K/A HUBBELL INC. RETIREMENT COLLECTIVELY BARGAINED HOURLY EMPLOYEES

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 08/01/1959

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. & 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 of plan administrator	Date: 10/19/2021	Enter name of individual signing as plan administrator: STEPHEN M. MAIS
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 (2020)
v. 200204

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