

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [x]
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: LEGRAND NORTH AMERICA RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/15/1941
2a Plan sponsor's name (employer, if for a single-employer plan): THE WIREMOLD COMPANY
2b Employer Identification Number (EIN): 06-0593670
2c Plan Sponsor's telephone number: 877-295-3472
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for CHRISTINE M TALBOT and Signature of employer/plan sponsor.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	1047
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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)	114
a(2) Total number of active participants at the end of the plan year	6a(2)	114
b Retired or separated participants receiving benefits.....	6b	542
c Other retired or separated participants entitled to future benefits	6c	256
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	912
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	110
f Total. Add lines 6d and 6e	6f	1022
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1C 1A 3H

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) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 3

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	556016-E4	1022	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	109868
5	Current value of plan's interest under this contract in separate accounts at year end.....	171007
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GUARANTEED INVESTMENT CONTRACT	
b	Balance at the end of the previous year	7b 66614
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 855
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ TRANSFER	7c(5) 129000
	(6) Total additions	7c(6) 129855
d	Total of balance and additions (add lines 7b and 7c(6))	7d 196469
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 85657
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ CONTRACT EXPENSE CHARGE, ELECTIVE SERVICE CHARGE, EXPENSES	7e(4) 944
(5) Total deductions	7e(5) 86601	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 109868

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	68241	556016-E4	1022	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	11049244
5	Current value of plan's interest under this contract in separate accounts at year end.....	11814412
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 6523187
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 114264
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ TRANSFER	7c(5) 10069031
	(6) Total additions	7c(6) 10183295
d	Total of balance and additions (add lines 7b and 7c(6))	7d 16706482
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 5580504
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ CONTRACT EXPENSE CHARGE, ELECTIVE SERVICE CHARGE, EXPENSES	7e(4) 76734
(5) Total deductions	7e(5) 5657238	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 11049244

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
 e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
 i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
 m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030197	1022	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	4926520

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GUARANTEED INVESTMENT CONTRACT**

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>80156196</u>
	b Actuarial value	2b	<u>87712346</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>668</u>	<u>38039145</u>
	b For terminated vested participants	<u>278</u>	<u>10702912</u>
	c For active participants	<u>114</u>	<u>12449756</u>
	d Total	<u>1060</u>	<u>61191813</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	<u>5.10 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>71913</u>
	b Expected plan-related expenses	6b	<u>50000</u>
	c Target normal cost	6c	<u>121913</u>

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 <u>RICHARD S. SYCH</u> Signature of actuary <u>USI CONSULTING GROUP</u> Firm name <u>95 GLASTONBURY BOULEVARD</u> <u>SUITE 102</u> <u>GLASTONBURY, CT 06033</u> Address of the firm	<u>09/10/2025</u> Date <u>23-05065</u> Most recent enrollment number <u>860-521-8400</u> Telephone number (including area code)
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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)	9594816	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	9594816	0
10	Interest on line 9 using prior year's actual return of <u>8.50</u> %	815559	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	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		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	10410375	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	126.07 %
15	Adjusted funding target attainment percentage	15	143.05 %
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	139.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)			31a	121913
b Excess assets, if applicable, but not greater than line 31a			31b	121913
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34	0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
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	
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0
40 Unpaid minimum required contributions for all years			40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

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

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

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

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

COHN RENZNICK LLP

22-1478099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	49416	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

(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?
13	NONE	32576	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PRUDENTIAL INSURANCE CO OF AMERICA

22-1211670

(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?
13	NONE	29027	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

FIDUCIARY ADVISORS

36-4001764

(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?
27	NONE	8260	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>LEGRAND NORTH AMERICA RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE WIREMOLD COMPANY</u>	D Employer Identification Number (EIN) <u>06-0593670</u>

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: <u>KENNEDY CAPITAL SMALL CAP VALUE FD</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-257</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1416732</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIME SQUARE SMALL CAP GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-132</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1499552</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA INTERNATIONAL INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-045</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRYDEN S&P 5500 INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-123</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3390004</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LAZARD INTERNATIONAL BLEND FUND</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-719</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2324740</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS LARGE CAP GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-350</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1728764</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LSV ASSET MGMT LARGE CAP VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-318</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1625627</u>

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LEGRAND NORTH AMERICA RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WIREMOLD COMPANY	D Employer Identification Number (EIN) 06-0593670

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)	22291591
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	52038298
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6589801
(15) Other.....	1c(15)	16911939

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	80919690	76565624
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	80919690	76565624

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	115119	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		115119
(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)	2633085	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2633085
(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)		-1297749
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1450455

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5666161	
(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)		5666161
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	32576	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	105784	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		138360
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5804521

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4354066
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) 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) 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: COHNREZNICK LLP

(2) EIN: 33-4144829

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 590590.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 22-1211670 20-3691708

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		0
---	--	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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	

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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 21.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 58.0 %
 High-Yield Debt: _____ % Real Assets: 7.0 % Cash or Cash Equivalents: _____ % Other: 14.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Legrand North America Retirement Plan

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

December 31, 2024 and 2023



Legrand North America Retirement Plan

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Independent Auditor's Report

To the Plan Administrator
Legrand North America Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Legrand North America Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C)"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a significant likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) and Schedule of Reportable Transactions (Schedule H, Line 4j) as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CohnReznick LLP

Hartford, Connecticut
October 15, 2025

Legrand North America Retirement Plan

**Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	<u>\$ 76,017,523</u>	<u>\$ 80,156,195</u>
Net assets available for benefits	<u>\$ 76,017,523</u>	<u>\$ 80,156,195</u>

See Notes to Financial Statements.

Legrand North America Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (1,082,355)	\$ 3,883,387
Interest and dividend income	<u>2,748,204</u>	<u>2,696,312</u>
Total investment income	<u>1,665,849</u>	<u>6,579,699</u>
Benefits paid to participants	(5,666,161)	(5,082,533)
Administrative expenses	<u>(138,360)</u>	<u>(121,302)</u>
Increase (decrease) in net assets	(4,138,672)	1,375,864
Net assets available for benefits		
Beginning of year	<u>80,156,195</u>	<u>78,780,331</u>
End of year	<u>\$ 76,017,523</u>	<u>\$ 80,156,195</u>

See Notes to Financial Statements.

Legrand North America Retirement Plan

**Statement of Accumulated Plan Benefits
December 31, 2023**

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 33,924,164
Terminated vested participants	9,341,697
Active and transferred participants	<u>11,274,731</u>
Total	54,540,592
Nonvested benefits	<u>117,746</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 54,658,338</u>

See Notes to Financial Statements.

Legrand North America Retirement Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2023

Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 55,093,418</u>
Increase (decrease) during the year attributable to	
Benefits accumulated	1,228,963
Increase for interest due to the decrease in the discount period	3,418,490
Benefits paid	<u>(5,082,533)</u>
Net decrease	<u>(435,080)</u>
Actuarial present value of accumulated plan benefits, end of year	<u><u>\$ 54,658,338</u></u>

See Notes to Financial Statements.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 1 - Description of Plan

The following description of the Legrand North America Retirement Plan (the "Plan" or "Legrand") provides only general information. Participants should refer to the Plan document, and any amendments thereto, for a more complete description of the Plan's provisions.

Effective December 31, 2008, the Pass & Seymour Sierra Electric Industrial Pension Plan ("P&S"), The Wiremold Company Hourly Retirement Income Plan ("Hourly") and Walker Systems, Inc. Union Hourly Pension Plan ("Walker") merged into the Plan and transferred all assets and liabilities to the Plan. The Plan Sponsor is The Wiremold Company (the "Company").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Retirement Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

General Legrand

Legrand is a noncontributory defined benefit pension plan established to provide pension and death benefits to eligible employees of the Company who are not included in a unit of employees covered by a collective bargaining agreement with the Company with respect to which retirement benefits were the subject of good faith negotiations. Employees hired after January 1, 1998, who were not covered by a collective bargaining agreement as described above, became participants of Legrand as of the date of hire, provided that the employee's customary employment was for 1,000 or more hours of service per year. Any employee who did not meet this criteria, and who was not covered by a collective bargaining agreement as described above, became a participant effective January 1 of the Plan year during which the employee completed 1,000 hours of service.

Effective August 1, 2006, no individual became a participant in Legrand if the individual became an employee on or after August 1, 2006, was rehired or transferred from another employer.

Legrand was amended on November 26, 2007, to provide for additional retirement benefits for certain participants electing to terminate employment between November 26, 2007 and February 29, 2008 who met various requirements. These applicable participants were provided his or her normal pay credit as outlined below plus the product of 1/52 of the participant's compensation for the year ended December 31, 2007 times the lesser of 26 or 1.5 times the number of years of service for the participant as of February 29, 2008.

Effective December 31, 2017, benefit accruals under Legrand were frozen, such that no pay credits were made for Plan years beginning after December 31, 2017. Interest credits continue to be made in accordance with the provisions of the Plan. Years of service continue to be earned for the purpose of determining the vested interest in the accrued benefit under Legrand.

Participants are eligible to elect a benefit upon reaching the early retirement age. An eligible participant's monthly early retirement benefit shall be reduced by 4% for each year by which his or her benefit start date precedes his or her normal retirement date unless one of the following applies:

1. The participant has attained age 62 on his or her annuity starting date and has 10 years of credited service.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

2. The sum of the participant's age plus his or her years of service on his or her annuity starting date equals or exceeds 85 (minimum age 55).

P&S

P&S is a noncontributory defined benefit plan which covers substantially all hourly union employees hired before the age of 60 who were employed by Pass and Seymour, Inc. prior to 1995. In 1995, benefits under the Plan were frozen and no new participants were added subsequently.

Hourly

Hourly is a noncontributory defined benefit pension plan established to provide pension, disability and death benefits to eligible employees of the Company who are members of the Local 1040 International Brotherhood of Electrical Workers AFL-CIO and employed at either the West Hartford or Rocky Hill, Connecticut plants. These employees became participants on the first plan entry date following his or her date of hire, provided his or her employment was expected to include 1,000 hours of service per year. An employee who did not become a participant based on the previous sentence became a participant as of the Plan entry date subsequent to completing a year of service in which 1,000 hours were completed.

Hourly was amended on November 26, 2007 to provide for the Voluntary Early Retirement Plan ("VERP"). To qualify for VERP participants must have elected between November 26, 2007 and January 10, 2008 to retire between January 20, 2008 and February 29, 2008. A participant who qualified for VERP: (a) had four years of service added for the purpose of determining whether the sum of his or her age and years of service equaled or exceeded 85, (b) had four years of credited service added for the purpose of determining accrued benefits and (c) had the accrued benefit determined by using the monthly benefit level of \$32.

Hourly was amended in 2009 to provide for the 2008 Voluntary Early Retirement Plan (the "2008 VERP"). Any active participant in the Plan who was a collectively-bargained union employee of the Company at its West Hartford, Connecticut location as of December 11, 2008, and who was at least age 58 and had at least five (5) years of service and 80 points (age and years of service when added together equals or exceeds 80) as of January 30, 2009, qualified for the 2008 VERP.

On or after December 11, 2008 and on or before January 30, 2009, eligible employees made his or her election to retire under the terms of the 2008 VERP and his or her retirement occurred on January 30, 2009 (or such earlier date as is mutually agreed upon and approved by the Company in writing). If an eligible employee terminates employment under the 2008 VERP before January 30, 2009, the individual was treated as having remained in employment through January 30, 2009 solely for the purpose of satisfying the age and service requirements in the paragraph above.

Retirement benefit payments commenced under the 2008 VERP retirement plan at any time on or after February 1, 2009 (as permitted by the terms of the Plan).

An eligible employee who made his or her election to retire under the terms of the 2008 VERP and who had 80 or more points but less than 85 points as of January 30, 2009: (i) had his or her years of service increased so that the number of his or her total points equaled 85 and (ii) had his or her years of credited service increased by the same number as the number of additional years of service described in subsection (c)(i) (for the purpose of determining his or her accrued benefit).

No additional years of service or years of credited service were credited to an eligible employee who had 85 or more points as of January 30, 2009.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Effective April 1, 2009, any employee, except those classified as an electrician, who was hired or reemployed on or after April 1, 2009 did not become a participant in Legrand and did not accrue any benefits. If a former employee who was a participant was reemployed prior to April 1, 2009, the employee became an active participant. If a former employee was not a participant and was reemployed prior to April 1, 2009, the employee became an active participant by meeting the eligibility requirements.

Participants are eligible to elect a benefit upon reaching the early retirement age. An eligible participant's monthly early retirement benefit shall be equal to his or her vested accrued benefit on the date of his or her early retirement; provided, however, that the amount of such benefit shall be reduced by 4% for each year by which his or her annuity starting date precedes his or her normal retirement date unless the participant retires directly from an active employment status and one of the following applies:

- (a) The participant has attained age 62 on his or her annuity starting date and has 10 years of credited service.
- (b) The sum of the participant's age and years of service on his or her annuity starting date equals or exceeds 90 (minimum age 55).
- (c) Effective on or after May 1, 1996, the sum of the participant's age and years of service on his or her annuity starting date equals or exceeds 85 (minimum age 55).

Each participant who retires from employment with his or her employer and all affiliated companies prior to his or her normal retirement date due to permanent and total disability, who was accruing credited service at the time he or she became disabled, who has at least five years of service and who is not eligible for or does not elect to receive an early benefit shall be eligible for a disability benefit.

Walker

Walker is a noncontributory defined benefit pension plan established to provide pension, disability and death benefits to eligible employees of the Company who were employed at its West Virginia manufacturing location (formerly, Walker Systems, Inc.) and were members of Local Union No. 2077, International Association of Machinists and Aerospace Workers. Union employees became eligible upon completion of one year of service in which 1,000 hours of service were rendered.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Pension benefits

Legrand

Effective January 1, 1998, Legrand was restated to become a cash balance plan. Under the previous plan, all benefit payments were annuity payments calculated by multiplying the ratio of years of service, to the greater of 30 or the years of service to age 65, by 40% of final average salary. Under the new plan, each participant has a bookkeeping account established in his or her name. The value of the benefit is expressed as a cash balance in that account. Each participant's account increases based on pay credits and interest credits. Pay credits equal a percentage of the participant's compensation; the applicable percentage is generally determined on the basis of the following schedule for Plan years and periods beginning on or after August 1, 2006:

Age as of July 31, 2006	Years of service			
	Less than 5	At least 5, but less than 10	At least 10, but less than 15	15 or more
Less than 30	0%	2%	3%	4%
30, but less than 35	0%	2%	3%	4%
35, but less than 40	0%	2%	3%	4%
40, but less than 45	0%	4%	5%	6%
45, but less than 50	0%	4%	5%	6%
50 or more	0%	4%	5%	6%

The pay credit for the Plan year or period in which an individual becomes or ceases to be a participant shall be based upon such individual's compensation earned while a participant during such Plan year or period. A pay credit is no longer provided for any participant for any Plan year beginning after December 31, 2017.

Interest credits for a given year are based on the average yield on 30-year U.S. Treasury bonds for the September preceding the Plan year (the "Applicable Interest Rate"); however, this rate shall not be less than 5.00%. For each of the years ended December 31, 2024 and 2023, the applicable rates were 5.00%. Participants will be able to elect whether benefits are to be paid out as a lump-sum or from a variety of annuity payments. Any individuals that were participants of the previous plan had an opening balance in the current plan equal to the present value of his or her pension benefit under the previous plan. The Plan contains other clauses to ensure participants nearing retirement were not adversely affected by the transition.

Participants with less than five years of service as of July 31, 2006 will no longer be eligible for pay credit.

P&S

A qualified employee upon termination of employment, beginning the first day of the month coinciding with or immediately following his or her 65th birthday, is entitled to a monthly benefit based upon total years of credited service multiplied by the monthly benefit based upon retirement date according to the table within the Plan.

Generally, upon attainment of age 55 with 15 years of credited service, participants are eligible for early retirement which provides a benefit equal to the benefit the employee would receive at age 65 reduced by 1/2 of 1% for each month from the date such benefits commence to the first day of the month following the normal retirement date.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Hourly

In general, a participant's monthly retirement benefit is calculated by multiplying the participant's years of credited service at retirement by a fixed dollar amount. The applicable fixed dollar amount is determined based on the earlier of the participant's retirement date or termination date (as applicable).

Walker

Effective March 31, 2005, Walker was frozen as a result of the plant being closed. Due to the closing of the facility, all participants who were involuntarily terminated on or after September 8, 2004 in connection with the facility closing were 100% vested. Participants accrued no additional benefits or years of credited service on or after March 31, 2005. The Plan was amended to increase monthly retirement benefits to \$28 per year of credited service for all participants who retired or terminated employment on or after November 12, 2004 (first layoff date) as a result of the facility closing. Additionally, participants who retired or terminated employment on or after November 12, 2004 as a result of the facility closing, who had attained age 50 and whose sum of age plus years of service equaled or exceeded 75, were eligible to receive an unreduced early retirement benefit at age 55.

Each participant who retired from employment with his or her employer and all affiliated companies at or after age 55, but prior to his or her normal retirement date and who has at least 10 years of service, were eligible for an early retirement benefit.

In general, a participant's monthly retirement benefit was calculated by multiplying the participant's years of credited service at retirement by a fixed dollar amount. The applicable fixed dollar amount was determined based on the earlier of the participant's retirement date or termination date (as applicable). Based on union negotiations, this rate was increased to \$26 effective February 10, 2002. Additionally, all participants affected by the closing of the plant received a rate of \$28.

An eligible participant's monthly early retirement benefit was equal to his or her vested accrued benefit on the date of his or her early retirement; provided, however, that the amount of such benefit was reduced by $\frac{1}{2}$ of 1% for each full calendar month by which his or her annuity starting date preceded his or her normal retirement date, unless either of the following applies:

1. The participant had attained age 62 on his or her annuity starting date.
2. The sum of the participant's age plus years of service on his or her annuity starting date equaled or exceeded 85 (minimum age 55).

Death and disability benefits

Legrand

If a participant dies before the normal retirement date while still actively employed and he or she was fully vested, or the participant dies prior to receiving payments, the participant's beneficiary will receive the full account balance as a lump-sum or an annuity. If a participant dies while receiving annuity payments, the beneficiary may continue to receive payments depending on the participant's payment option selected.

P&S

Upon the death of a participant who was eligible for early or normal retirement, the surviving spouse will receive a monthly benefit for life equal to 50% of the monthly benefit the employee would have been entitled to receive had he or she retired on the day before his or her death, and elected immediate commencement of early retirement benefits in the form of a joint and 50% survivor annuity.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

A participant who becomes disabled with at least 15 years of service and is entitled to disability insurance benefits under the Social Security Act is entitled to disability benefits from the Plan. The monthly amount is computed using the same formula as pension benefits but is reduced by workers' compensation. A minimum benefit of \$50 per month is provided for participants not qualifying for Social Security Disability Benefits.

Hourly

If a participant dies before the normal retirement date while still actively employed, and either made required contributions to the prior plan or have a prior plan value (as defined), the participant's beneficiary will receive all contributions and/or the prior plan value with interest. If the participant is married, his or her spouse may be eligible to receive a Qualified Pre-Retirement Survivor Annuity, which is similar to the Joint and Survivor Annuity provided at the participant's normal retirement.

A participant who becomes disabled with at least five years of service, was actively employed and is entitled to disability insurance benefits under the Social Security Act, is entitled to disability benefits from the Plan. The monthly amount is computed in the same manner as pension benefits, but is reduced by workers' compensation payments.

Walker

Upon the death of a participant prior to retirement date, his or her spouse will receive a Pre-Retirement Spouse Benefit, provided the participant had a vested right to retirement income and had not made an effective election to waive spouse benefit coverage. The monthly benefit will be equal to 50% of the retirement income the participant would have received had he or she retired the day before his or her death.

A participant who becomes disabled with at least 15 years of service, was actively employed and accruing service and is entitled to disability insurance benefits under the Social Security Act, is entitled to disability benefits from the Plan. The monthly amount is computed using the same formula as pension benefits, but is reduced by workers' compensation payments.

Vesting

Legrand

In connection with the closing or selling of certain facilities and termination of related employees, affected participants became 100% vested in his or her accrued benefits. Prior to January 1, 2008, participants are fully vested after five years of service. Effective January 1, 2008, participants are fully vested after three years of service.

P&S

Eligible employees are fully vested after five years of service.

Hourly

Eligible employees are fully vested after five years of service. Additionally, eligible employees shall become fully vested upon reaching normal retirement age regardless of his or her years of service.

Walker

Eligible employees are fully vested after five years of service except as noted in pension benefits above. Additionally, eligible employees shall become fully vested upon reaching normal retirement age regardless of his or her years of service.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Revenue credit account

The Plan has established a revenue credit account to cover Plan expenses. The revenue credit account is treated as a Plan asset and must be used only for Plan expenses. During 2024 and 2023, the trustee contributed \$8,000 into the revenue credit account. During 2024 and 2023, the Company used \$8,000 each year from the account to pay Plan expenses.

Note 2 - Summary of accounting policies

Basis of accounting

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

Administrative expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation/depreciation in fair value of investments. Certain administrative expenses related to benefits administration net of any revenue credits that reimburse or pay directly the fees of a service provider or other expense of administering the Plan are also deducted from Plan assets and reported within the administrative expenses line item within the statements of changes in net assets available for benefits.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Retirement Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, trustee and insurance company. See Note 4 for a discussion of fair value measurements. In instances wherein quoted market prices are not available, the fair value of investments is estimated primarily by insurance companies. The investment in the insurance company contract (Guaranteed Deposit Account) is valued at the estimated fair value, as reported by EAIC.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of benefits

Benefits are recorded when paid.

Funding policy

The Company makes contributions to the Plan based on the amount determined by the independent actuary plus such amounts as the Company may determine to be appropriate. The actuary applies current assumptions and factors to benefit information as of January 1 (the date of the actuarial valuation used to determine the Company's contribution for the subsequent Plan year). The ERISA minimum funding requirements have been satisfied for the years ended December 31, 2024 and 2023.

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.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make certain estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Subsequent events

The Plan has evaluated events and transactions for potential recognition or disclosure through October 15, 2025, the date the financial statements were available to be issued.

Note 3 - Plan termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 4 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under Financial Accounting Standards Board issued Accounting Standards Codification 820 are described as follows:

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

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: Valued at the accumulation unit value, which is based on the fair value of underlying assets of the account. The accumulation unit value is deemed equivalent to NAV, which is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The accounts allow for daily redemptions and contributions and there are no unfunded commitments.

Guaranteed deposit account: Valued at fair value by discounting the related cash flows using treasury rates and spreads based on the cash flow timing and quality of assets.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

	2024			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 48,494,573	\$ -	\$ -	\$ 48,494,573
Guaranteed deposit account	-	-	10,611,011	10,611,011
Total assets in the fair value hierarchy	48,494,573	-	10,611,011	59,105,584
Pooled separate accounts (a)	-	-	-	16,911,939
Total investments at fair value	\$ 48,494,573	\$ -	\$ 10,611,011	\$ 76,017,523
	2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 52,038,298	\$ -	\$ -	\$ 52,038,298
Guaranteed deposit account	-	-	5,826,306	5,826,306
Total assets in the fair value hierarchy	52,038,298	-	5,826,306	57,864,604
Pooled separate accounts (a)	-	-	-	22,291,591
Total investments at fair value	\$ 52,038,298	\$ -	\$ 5,826,306	\$ 80,156,195

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Quantitative information about significant unobservable inputs used in Level 3 fair value measurements

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs:

<u>2024</u> Instrument	Fair value	Principal valuation technique	Significant unobservable inputs	Range of significant input values	Weighted average
Guaranteed deposit account	\$ 10,611,011	Discounted cash flow	Earnings at guaranteed crediting rate	Gross guaranteed crediting rate must be greater than or equal to contractual minimum crediting rate	N/A
			Composite market value factor	0.945272-1.018345	0.968004
<u>2023</u> Instrument	Fair value	Principal valuation technique	Significant unobservable inputs	Range of significant input values	Weighted average
Guaranteed deposit account	\$ 5,826,306	Discounted cash flow	Earnings at guaranteed crediting rate	Gross guaranteed crediting rate must be greater than or equal to contractual minimum crediting rate	N/A
			Composite market value factor	0.884140 - 1.057704	0.88414

In estimating fair value of the investments in Level 3, the Retirement Committee may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Retirement Committee evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

Fair value of investments in entities that use NAV

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

December 31, 2024				
	<u>Fair value</u>	<u>Unfunded commitments</u>	<u>Redemption frequency</u>	<u>Redemption notice period</u>
Pooled Separate Accounts	\$ 16,911,939	None	Daily	90 days

December 31, 2023				
	<u>Fair value</u>	<u>Unfunded commitments</u>	<u>Redemption frequency</u>	<u>Redemption notice period</u>
Pooled Separate Accounts	\$ 22,291,591	None	Daily	90 days

Note 5 - Certified investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2024 and 2023, and investment income for the years then ended, that are disclosed in the accompanying financial statements and supplemental schedules, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Empower Annuity Insurance Company ("EAIC") and Prudential Insurance Company of America, the custodians and Empower Trust Company, LLC, the trustee of the Plan.

Note 6 - Tax status

The Plan received its latest determination letter on April 17, 2017, in which the Internal Revenue Service (the "IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the "IRC"). The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 - Actuarial information

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable, under the Plan's provisions, to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or vested terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on the years of service accumulated by employees. Benefits payable under all circumstances, including retirement, death, disability and termination of

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from USI Consulting Group and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in determining accumulated plan benefits were as follows:

	<u>December 31, 2023</u>
Mortality	PRI-2012/MP2021
Investment return rate	6.5% per annum
Retirement age	Retirement is assumed at age 63

The actuarial method used to determine the normal cost and actuarial liability was the Projected Unit Credit Actuarial Cost Method.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

Note 8 - Related party and party-in-interest transactions

Certain Plan investments are units of pooled separate accounts, mutual funds, and the guaranteed deposit account managed by EAIC, Prudential Insurance Company of America and Empower Trust Company, LLC. EAIC and Prudential Insurance Company of America, are the custodians and Empower Trust Company, LLC is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation/depreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Fees paid by the Plan to the custodians and trustee for administrative expenses amounted to \$86,941 and \$94,211 for the years ended December 31, 2024 and 2023, respectively. In addition, included in administrative expenses for 2024 and 2023 are fees paid for legal and accounting services performed for the Plan of \$51,419 and \$27,091, respectively. As described in Note 2, the Company paid certain expenses related to plan operations.

Note 9 - Risks and uncertainties

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

Legrand North America Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

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

Note 10 - Investment contract with insurance company

The Company entered into a guaranteed investment contract with EAIC. Amounts are invested in the Empower Annuity Insurance Company Guaranteed Deposit Account. EAIC maintains the assets of this investment in an unallocated fund to which it credits interest at varying rates. EAIC recorded cumulative contributions and credited interest at a rate of 1.90% and 1.50% to amounts received prior to December 31, 2024 and 2023, respectively, and 4.20% and 3.50% to amounts received in 2024 and 2023, respectively.

Note 11 - Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 76,017,523	\$ 80,156,195
Fair value to contract value adjustment	<u>548,101</u>	<u>763,495</u>
Net assets available for benefits per Form 5500	<u>\$ 76,565,624</u>	<u>\$ 80,919,690</u>

The following is a reconciliation of investment income (loss) per the statements to Form 5500 for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Investment income per the financial statements	\$ 1,665,849	\$ 6,579,699
Current year fair value adjustment	548,101	763,495
Prior year fair value adjustment	<u>(763,495)</u>	<u>(965,804)</u>
Investment income per Form 5500	<u>\$ 1,450,455</u>	<u>\$ 6,377,390</u>

Supplementary Information

Legrand North America Retirement Plan
EIN: 06-0593670
Plan Number: 001

Schedule of Assets (Held at End of Year)
(Schedule H, Line 4i)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual funds			
	The Vanguard Group	Vanguard Long-Term Investment-Grade Adm	\$ 59,033,487	\$ 44,294,226
*	Empower	Empower International Index Institutional Fund	2,491,212	2,262,457
	Invesco	Oppenheimer Developing Markets Fund	<u>1,852,583</u>	<u>1,937,890</u>
			<u>63,377,282</u>	<u>48,494,573</u>
	Pooled separate accounts			
*	Prudential Insurance Company of America	PRISA SA	3,352,694	4,926,520
*	Empower Annuity Insurance Company	Dryden S&P 5500 Index Fund	785,842	3,390,004
*	Empower Annuity Insurance Company	Lazard International Blend Fund	1,929,874	2,324,740
*	Empower Annuity Insurance Company	MFS Large Cap Growth Fund	253,857	1,728,764
*	Empower Annuity Insurance Company	LSV Asset Mgmt Large Cap Value Fund	643,176	1,625,627
*	Empower Annuity Insurance Company	Times Square Small Cap Growth Fund	409,421	1,499,552
*	Empower Annuity Insurance Company	Kennedy Capital Small Cap Value Fd	<u>572,049</u>	<u>1,416,732</u>
			<u>7,946,913</u>	<u>16,911,939</u>
	Guaranteed deposit account			
*	Empower Annuity Insurance Company	Guaranteed Deposit Account	<u>11,159,112</u>	<u>10,611,011</u>
			<u>\$ 82,483,307</u>	<u>\$ 76,017,523</u>
*	Party-in-interest.			

See Independent Auditor's Report.

Legrand North America Retirement Plan
EIN: 06-0593670
Plan Number: 001

Schedule of Reportable Transactions
(Schedule H, Line 4j)
Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Series of transactions > 5%								
Vanguard	Vanguard Long-Term Investment-Grade Adm	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vanguard	Vanguard Long-Term Investment-Grade Adm	-	4,659,000	-	-	4,659,000	4,659,000	-
	Total number of purchases: 2							
	Total number of sales: 2							
* Empower Annuity Insurance Company	Guaranteed Deposit Account	\$ 10,218,643	\$ -	\$ -	\$ -	\$ 10,218,643	\$ 10,218,643	\$ -
* Empower Annuity Insurance Company	Guaranteed Deposit Account	-	5,764,451	-	-	5,764,451	5,764,451	-
	Total number of purchases: 2							
	Total number of sales: 2							
* Party-in-interest								

** The definition of a reportable transaction is a transaction that exceeds 5% of the current value of the Plan assets as of the beginning of the Plan year including a single transaction within the Plan year; any series of transactions with, or in conjunction with, the same person, involving property other than securities; any series of transactions involving securities of the same issue within the Plan year; any transaction within the Plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single securities transaction with that person.

See Independent Auditor's Report.



Independent Member of Nexia

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**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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I		Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2	Assets:			
	a Market value	2a	80,156,196	
	b Actuarial value	2b	87,712,346	
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	668	38,039,145	38,039,145
	b For terminated vested participants	278	10,702,912	10,702,912
	c For active participants	114	12,449,756	12,571,269
	d Total	1,060	61,191,813	61,313,326
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
	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	5.10%	
6	Target normal cost			
	a Present value of current plan year accruals	6a	71,913	
	b Expected plan-related expenses	6b	50,000	
	c Target normal cost	6c	121,913	

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	<i>RSS</i>	
	Signature of actuary	9/10/2025 Date
RICHARD S. SYCH	Type or print name of actuary	2305065 Most recent enrollment number
USI Consulting Group	Firm name	860-521-8400 Telephone number (including area code)
95 Glastonbury Boulevard Suite 102 Glastonbury CT 06033	Address of the firm	

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 121,913
b Excess assets, if applicable, but not greater than line 31a				31b 121,913
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
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
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Description of Actuarial Methods

Asset Valuation Method

The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 430 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. This was first used for the 2009 valuation.

Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

Maximum Liability: Projected Unit Credit Actuarial Cost Method. The allocation of projected benefits between past years and future years is in proportion to the applicable rates of benefit accrual under the Plan.

Description of Actuarial Assumptions

Changes in Actuarial Assumptions as of January 1, 2024

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

- Mortality

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

Interest Rates

The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021. ARPA continues to use a 24-month bond averaging period methodology for determining the segmented interest rates used in the calculation of the Plan's target liability and a corridor based on a 25-year bond averaging period. However, now the corridor based on 25-year average segment rates and the applicable minimum and maximum percentages used for purposes of calculating the Plan's target liability to adjust the 24-month average segment rates has been extended. In addition, any 25-year average segment rate that is less than 5% is deemed to be 5%.

The Infrastructure Investment and Jobs Act was signed into law on November 15, 2021 that further extended funding stabilization. The corridors under the new laws are as follows:

Corridor After ARPA			
<u>Years</u>	<u>Corridor</u>	<u>Years</u>	<u>Corridor</u>
2020-2021	95% to 105% if not deferred	2020-2021	95% to 105% if not deferred
2022-2025	95%-105%	2022-2030	95%-105%
2026	90%-110%	2031	90%-110%
2027	85%-115%	2032	85%-115%
2028	80%-120%	2033	80%-120%
2029	75%-125%	2034	75%-125%
2030+	70%-130%	2035+	70%-130%

The corridor rates are used for purposes of the calculation of the Plan's minimum required contribution and the determination of the Plan's AFTAP certification, but cannot be reflected in the calculation of the Plan's maximum tax deductible contribution or the PBGC variable premium liability. This report reflects the rates under ARPA as allowed under current legislation.

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

Segment	2024		2023	
	Before Adjustment	After Adjustment	Before Adjustment	After Adjustment
1st	3.62%	4.75%	1.41%	4.75%
2nd	4.46%	4.87%	3.09%	5.00%
3rd	4.52%	5.59%	3.58%	5.74%

Interest Rates (cont.)

The rates before adjustment are the standard 24-month segment rates determined under any prior interest rate relief laws. They are used in the determination of the Plan’s maximum tax deductible contribution.

The rates after adjustment reflect the application of the applicable corridor around the 25-year average rates. They are used in the determination of the Plan’s minimum required contribution and AFTAP for benefit restriction purposes.

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

	2024	2023
1 st segment	5.01%	4.84%
2 nd segment	5.13%	5.15%
3 rd segment	5.15%	4.85%

Expected Return for Asset Smoothing

Year	Assumption	Not to Exceed
2024	6.50%	5.59%
2023	6.50%	5.74%
2022	6.50%	5.92%
2021	6.50%	6.11%

The expected long-term rate of return on assets is estimated using the Plan Sponsor’s long-term target asset allocation and the long-term capital market assumption for each asset class in that allocation provided by the pension fund’s investment advisor.

Mortality

Pri-2012 Mortality Table projected to valuation date with an adjusted version of Scale MP-2021. Separate tables for annuitants and non-annuitants.

(Prior: RP-2014 Adjusted to 2006 Total Dataset Mortality Table projected to valuation date with Scale MP-2021. Separate tables for annuitants and non-annuitants.)

Mortality Improvement

Projected to date of decrement using an adjusted version of Scale MP-2021 (generational).

(Prior: Projected to date of decrement using Scale MP-2021 (generational).)

Lump sum basis

Mortality: IRS 2024 Applicable Mortality Table for 417(e) dynamic.

(Prior Mortality: IRS 2023 Applicable Mortality Table for 417(e) dynamic.)

Interest Rates: Valuation Basis.

Inflation

2.50%.

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

Salary Scale (including inflation, Non-Union only)

N/A.

Increases in IRC Sec. 401(a)(17) compensation limit

As required by law, no increases are assumed.

Increases in IRC Sec. 415(b) limit on benefits

As required by law, no increases are assumed.

Retirement

Age	Rate
55-59	2%
60-61	5%
62	30%
63-64	5%
65+	100%

The earliest retirement age is the greatest of age 55 and completion of 5 years of service.

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

Termination prior to retirement

Male		Females	
Age	Rate	Age	Rate
20	10%	20	15%
25	10%	25	15%
30	7½%	30	10%
35	5%	35	7½%
40	3%	40	5%
45	1½%	45	2½%
50	0%	50	0%

Disability prior to retirement (Union only)

Male		Females	
Age	Rate	Age	Rate
20	.151%	20	.099%
25	.219%	25	.150%
30	.309%	30	.252%
35	.431%	35	.388%
40	.597%	40	.547%
45	.829%	45	.777%
50	1.224%	50	1.201%

The actuarial assumptions in regards to rates of decrement shown above are based on standard tables modified for certain plan features such as eligibility for full and early retirement where applicable and input from the plan sponsor. The plan does not have sufficiently credible data on which to perform an experience study, however we reviewed the available experience and reflected it in the assumptions.

Form of payment election (Non-Union only)

For participants eligible to receive a lump sum, 100% are assumed to elect a lump sum payment when they terminate, die or retire.

This assumption is based on a review of actual experience during recent years.

Administrative expenses

As prescribed by the IRS, estimated administrative expenses have been added to the target normal cost.

Marriage assumption for death prior to retirement (Union only)

It is assumed that 85% of participants are married and 15% of participants will elect a recipient as a beneficiary. Husbands are assumed to be three years older than wives.

Interest credits

5.00% per year.

Summary of Plan Provisions

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

Effective date

Original: December 15, 1941.

Latest amendment: Amendment No. 30 (Effective December 31, 2017).

Plan Year

The calendar year.

Prior Plan

The Wiremold Company Salaried Retirement Income Plan, as in effect prior to January 1, 2002.

Employment Commencement Date

First day employee is credited with an hour of Service.

Covered employees

Non-Union: Any employee whose customary employment is for 1,000 or more hours of Service per plan year except those covered by a collective bargaining agreement.

Union: Any hourly employee not employed at Brooks, Shape, Walker or an Arkansas plant location and whose customary employment is for 1,000 or more hours of Service per plan year.

Participation

On Employment Commencement Date.

Non-Union: No new participants after July 31, 2006. Benefits are frozen at date of termination for rehires after that date who retain prior service. Benefits are also frozen for all other participants as of December 31, 2017.

Union: No new participants after March 31, 2009 unless hired as an Electrician in the Trades classification on or after April 1, 2009. Benefits are frozen at date of termination for rehires after that date who retain prior service.

Service for vesting and benefits

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

Non-Union, January 1, 1998 and after: Each plan year of at least 1,000 hours of Service.

Union: All continuous Service from date of hire to date of retirement or termination. Benefit accrual service excludes service while employed at Brooks, Shape, Walker or an Arkansas plant location.

Compensation (Non-Union)

W-2 earnings for the plan year plus 401(k) and Section 125 deferrals.

Account Balance (Non-Union)

A hypothetical account for each participant, credited annually with a percentage of salary based upon Benefit Service as of the first day of the plan year for which the contribution is being made.

Prior to August 1, 2006:

Years of Benefit Service	% of Compensation credited to Account
Less than 3	4.0%
At least 3 but less than 5	4.5%
At least 5 but less than 7	5.5%
At least 7 but less than 11	7.0%
At least 11 but less than 15	8.5%
At least 15 or more	11.0%

After July 31, 2006 and before January 1, 2018: If less than 5 years of benefit service 0%, otherwise:

Age	Years of Benefit Service on July 31, 2006		
	> 5, but < 10	> 10, but < 15	> 15
<30	2%	3%	4%
>30, but <35	2%	3%	4%
>35, but <40	2%	3%	4%
>40, but <45	4%	5%	6%
>45, but <50	4%	5%	6%
>50	4%	5%	6%

On the last day of each plan year the account is credited with interest based on the value of the account as of the first day of the plan year and the applicable Interest Credit. The account is also credited with a Transition Credit.

Interest Credits (Non-Union)

Greater of:

- (i) 5%
- (i) Average yield on 30-year Treasury Constant Maturities Securities for the month of September preceding the plan year.

Accrued benefit

Non-Union: Actuarial Equivalent of participant's Account Balance payable at normal retirement date.

Union:

Effective May 1, 2002, the product of the amount below times years of service:

For Retirement on or after	Annual Amount per Year of Service
Prior to May 1, 1996	\$228
May 1, 1996	252
May 1, 1998	264
May 1, 1999	300
May 1, 2002	336
April 3, 2005	360
March 31, 2008	384

Accrued benefit (cont.)

Effective April 1, 2009, \$384 times years of service prior to August 1, 2009 plus \$336 for Tier 1 employees and \$168 for Tier 2 employees times years of service after July 31, 2009. Electricians in the Trades classification hired on or after April 1, 2009 will accrue at the \$336 times years of service level.

Walker and Pass and Seymour: Walker benefits are frozen as of March 31, 2005. Pass and Seymour benefits are frozen as of December 31, 1995.

Normal retirement

Eligibility:

Non-Union and Pass and Seymour: Greater of participant's 65th birthday or fifth anniversary of participation.

Union and Walker: Age 65.

Benefit: Accrued benefit as of normal retirement date.

Early retirement

Eligibility: Attainment of age 55 and completion of 5 years of Service (10 years of service for Walker, 15 years of service for Pass and Seymour).

Benefit:

Non-Union: Accrued benefit as of early retirement date.

Union: At or after age 55, the vested accrued benefit based upon Service to date of early retirement. Accrued benefit is reduced by 4% for each year between date of retirement and age 65. At or after age 62, for employees who have 10 years of Service, or, the sum of attained age (minimum age 55) plus Service equals or exceeds 85, the accrued benefit based upon Service to date of early retirement, but without the 4% reduction for each year between date of retirement and age 65.

Walker: The accrued benefit is reduced by 1/200 for each month between date of retirement and age 65.

Pass and Seymour: The accrued benefit is reduced by ½ of one percent for each completed calendar month by which the early retirement date precedes the normal retirement date.

Late retirement

Accrued benefit as of late retirement date.

Termination prior to retirement

Vesting schedule: 100% after completion of 3 years of Service for Non-Union participants and 100% after completion of 5 years of Service for Union participants.

Benefit:

Non-Union: Vested portion of accrued benefit as of date of termination.

Union: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility: Completion of 3 years of vesting service for Non-Union participants and 5 years of vesting service for Union participants.

Death prior to retirement (cont.)

Benefit:

Non-Union: Actuarial Equivalent of the greater of vested participant's Immediate Account Balance Benefit or the Prior Plan Accrued Benefit.

Union:

Survivor's (named beneficiary) benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The survivor's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the survivor's benefit is payable immediately. The minimum benefit is the return of participant's contributions, if any, with interest.

Death benefit after retirement

A benefit payable to the beneficiary depending on form of payment of benefits in effect at time of death.

Disability retirement (Union)

Eligibility: At least 5 years of service (was "and age 50" prior to May 1, 1993) and permanently and totally disabled so as to be unable thereby to engage in any employment.

Benefit: Accrued benefit to date of disability less Worker's Compensation law benefits, if any.

Form of benefit

Normal form:

Wiremold Union and Non-Union: Modified ten-year certain and life. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Walker: Five year certain and life annuity for married participants, payable as an actuarially equivalent 50% joint and survivor annuity. In either case, payments are guaranteed for 5 years.

Pass and Seymour: Life annuity for married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: 100%, 75%, 66 2/3% or 50% joint and survivor annuity, Social Security option, or lump sum (Non-Union only).

**Attachment to Schedule SB (2024 Form 5500)
Line 26 - Schedule of Active Participant Data**

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

Attained Age	Completed Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25																				
25 to 29																				
30 to 34																				
35 to 39									1											
40 to 44	1		2						2											
45 to 49			2		5		3		2		4									
50 to 54	1		1		8		4		3		1		2				1			
55 to 59			6		1		5		6		2						2			
60 to 64	1		4		2		2		8		5		3		1		1		3	
65 to 69	1		2		1		1		6		2		1		1		1		1	
70 & over					1						1									

**Attachment to 2024 Form 5500 Schedule SB
Line 22 --Weighted Average Retirement Age**

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

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

Age	Rates of Retirement	Lives	(a)	(b)
			Retirements	Retirements x Age
55	0.0200	1,000	20	1,100
56	0.0200	980	20	1,098
57	0.0200	960	19	1,095
58	0.0200	941	19	1,092
59	0.0200	922	18	1,088
60	0.0500	904	45	2,712
61	0.0500	859	43	2,619
62	0.3000	816	245	15,174
63	0.0500	571	29	1,799
64	0.0500	542	27	1,736
65	1.0000	515	515	33,499
66	1.0000	-	-	-
67	1.0000	-	-	-
68	1.0000	-	-	-
69	1.0000	-	-	-
70	1.0000	-	-	-
Total			1,000	63,011

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

Attachment to 2024 Form 5500 Schedule SB
Line 26b - Schedule of Projection of Expected Benefit Payments

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payment	Total
2024	1,931,943	785,350	4,139,270	6,856,563
2025	1,124,491	797,912	3,972,088	5,894,491
2026	1,853,287	779,042	3,802,814	6,435,143
2027	756,468	901,122	3,631,813	5,289,403
2028	1,579,389	950,037	3,458,788	5,988,214
2029	443,648	601,007	3,281,601	4,326,256
2030	1,078,900	527,568	3,106,741	4,713,209
2031	842,743	730,658	2,933,215	4,506,616
2032	575,517	446,534	2,759,498	3,781,549
2033	605,673	480,874	2,587,716	3,674,263
2034	618,583	440,575	2,410,252	3,469,410
2035	534,075	771,508	2,245,225	3,550,808
2036	685,290	823,713	2,083,376	3,592,379
2037	722,102	544,196	1,925,262	3,191,560
2038	513,812	923,895	1,771,463	3,209,170
2039	675,294	773,663	1,622,565	3,071,522
2040	476,997	641,386	1,479,153	2,597,536
2041	442,325	528,058	1,341,787	2,312,170
2042	349,354	527,265	1,210,976	2,087,595
2043	443,581	491,353	1,087,180	2,022,114
2044	263,115	495,847	970,770	1,729,732
2045	226,763	498,580	862,011	1,587,354
2046	215,243	528,174	761,061	1,504,478
2047	220,800	393,876	667,958	1,282,634
2048	194,866	400,424	582,640	1,177,930
2049	181,105	372,640	504,958	1,058,703
2050	168,982	383,304	434,688	986,974
2051	156,713	389,337	371,562	917,612
2052	146,294	369,247	315,266	830,807
2053	134,114	412,076	265,454	811,644
2054	122,261	333,618	221,751	677,630

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payment	Total
2055	110,964	315,666	183,754	610,384
2056	100,337	297,416	151,042	548,795
2057	90,364	279,564	123,169	493,097
2058	80,920	261,863	99,674	442,457
2059	72,296	244,525	80,085	396,906
2060	64,368	226,872	63,930	355,170
2061	57,136	209,282	50,754	317,172
2062	50,425	193,097	40,117	283,639
2063	44,451	177,516	31,607	253,574
2064	39,053	162,596	24,850	226,499
2065	34,188	148,383	19,515	202,086
2066	29,810	134,915	15,320	180,045
2067	25,874	122,214	12,028	160,116
2068	22,340	110,291	9,442	142,073
2069	19,174	99,146	7,406	125,726
2070	16,350	88,769	5,799	110,918
2071	13,842	79,136	4,524	97,502
2072	11,627	70,216	3,513	85,356
2073	9,686	61,965	2,709	74,360

**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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	80,156,196	
b Actuarial value	2b	87,712,346	
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	668	38,039,145	38,039,145
b For terminated vested participants	278	10,702,912	10,702,912
c For active participants	114	12,449,756	12,571,269
d Total	1,060	61,191,813	61,313,326
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.10%	
6 Target normal cost			
a Present value of current plan year accruals	6a	71,913	
b Expected plan-related expenses	6b	50,000	
c Target normal cost	6c	121,913	

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	<i>RSS</i>	
	Signature of actuary	9/10/2025 Date
RICHARD S. SYCH	Type or print name of actuary	2305065 Most recent enrollment number
USI Consulting Group	Firm name	860-521-8400 Telephone number (including area code)
95 Glastonbury Boulevard Suite 102 Glastonbury CT 06033	Address of the firm	

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 121,913
b Excess assets, if applicable, but not greater than line 31a				31b 121,913
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
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
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Description of Actuarial Methods

Asset Valuation Method

The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 430 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. This was first used for the 2009 valuation.

Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

Maximum Liability: Projected Unit Credit Actuarial Cost Method. The allocation of projected benefits between past years and future years is in proportion to the applicable rates of benefit accrual under the Plan.

Description of Actuarial Assumptions

Changes in Actuarial Assumptions as of January 1, 2024

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

- Mortality

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

Interest Rates

The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021. ARPA continues to use a 24-month bond averaging period methodology for determining the segmented interest rates used in the calculation of the Plan's target liability and a corridor based on a 25-year bond averaging period. However, now the corridor based on 25-year average segment rates and the applicable minimum and maximum percentages used for purposes of calculating the Plan's target liability to adjust the 24-month average segment rates has been extended. In addition, any 25-year average segment rate that is less than 5% is deemed to be 5%.

The Infrastructure Investment and Jobs Act was signed into law on November 15, 2021 that further extended funding stabilization. The corridors under the new laws are as follows:

Corridor After ARPA			
<u>Years</u>	<u>Corridor</u>	<u>Years</u>	<u>Corridor</u>
2020-2021	95% to 105% if not deferred	2020-2021	95% to 105% if not deferred
2022-2025	95%-105%	2022-2030	95%-105%
2026	90%-110%	2031	90%-110%
2027	85%-115%	2032	85%-115%
2028	80%-120%	2033	80%-120%
2029	75%-125%	2034	75%-125%
2030+	70%-130%	2035+	70%-130%

The corridor rates are used for purposes of the calculation of the Plan's minimum required contribution and the determination of the Plan's AFTAP certification, but cannot be reflected in the calculation of the Plan's maximum tax deductible contribution or the PBGC variable premium liability. This report reflects the rates under ARPA as allowed under current legislation.

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

Segment	2024		2023	
	Before Adjustment	After Adjustment	Before Adjustment	After Adjustment
1st	3.62%	4.75%	1.41%	4.75%
2nd	4.46%	4.87%	3.09%	5.00%
3rd	4.52%	5.59%	3.58%	5.74%

Interest Rates (cont.)

The rates before adjustment are the standard 24-month segment rates determined under any prior interest rate relief laws. They are used in the determination of the Plan’s maximum tax deductible contribution.

The rates after adjustment reflect the application of the applicable corridor around the 25-year average rates. They are used in the determination of the Plan’s minimum required contribution and AFTAP for benefit restriction purposes.

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

	2024	2023
1 st segment	5.01%	4.84%
2 nd segment	5.13%	5.15%
3 rd segment	5.15%	4.85%

Expected Return for Asset Smoothing

Year	Assumption	Not to Exceed
2024	6.50%	5.59%
2023	6.50%	5.74%
2022	6.50%	5.92%
2021	6.50%	6.11%

The expected long-term rate of return on assets is estimated using the Plan Sponsor’s long-term target asset allocation and the long-term capital market assumption for each asset class in that allocation provided by the pension fund’s investment advisor.

Mortality

Pri-2012 Mortality Table projected to valuation date with an adjusted version of Scale MP-2021. Separate tables for annuitants and non-annuitants.

(Prior: RP-2014 Adjusted to 2006 Total Dataset Mortality Table projected to valuation date with Scale MP-2021. Separate tables for annuitants and non-annuitants.)

Mortality Improvement

Projected to date of decrement using an adjusted version of Scale MP-2021 (generational).

(Prior: Projected to date of decrement using Scale MP-2021 (generational).)

Lump sum basis

Mortality: IRS 2024 Applicable Mortality Table for 417(e) dynamic.

(Prior Mortality: IRS 2023 Applicable Mortality Table for 417(e) dynamic.)

Interest Rates: Valuation Basis.

Inflation

2.50%.

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

Salary Scale (including inflation, Non-Union only)

N/A.

Increases in IRC Sec. 401(a)(17) compensation limit

As required by law, no increases are assumed.

Increases in IRC Sec. 415(b) limit on benefits

As required by law, no increases are assumed.

Retirement

Age	Rate
55-59	2%
60-61	5%
62	30%
63-64	5%
65+	100%

The earliest retirement age is the greatest of age 55 and completion of 5 years of service.

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

Termination prior to retirement

Male		Females	
Age	Rate	Age	Rate
20	10%	20	15%
25	10%	25	15%
30	7½%	30	10%
35	5%	35	7½%
40	3%	40	5%
45	1½%	45	2½%
50	0%	50	0%

Disability prior to retirement (Union only)

Male		Females	
Age	Rate	Age	Rate
20	.151%	20	.099%
25	.219%	25	.150%
30	.309%	30	.252%
35	.431%	35	.388%
40	.597%	40	.547%
45	.829%	45	.777%
50	1.224%	50	1.201%

The actuarial assumptions in regards to rates of decrement shown above are based on standard tables modified for certain plan features such as eligibility for full and early retirement where applicable and input from the plan sponsor. The plan does not have sufficiently credible data on which to perform an experience study, however we reviewed the available experience and reflected it in the assumptions.

Form of payment election (Non-Union only)

For participants eligible to receive a lump sum, 100% are assumed to elect a lump sum payment when they terminate, die or retire.

This assumption is based on a review of actual experience during recent years.

Administrative expenses

As prescribed by the IRS, estimated administrative expenses have been added to the target normal cost.

Marriage assumption for death prior to retirement (Union only)

It is assumed that 85% of participants are married and 15% of participants will elect a recipient as a beneficiary. Husbands are assumed to be three years older than wives.

Interest credits

5.00% per year.

Summary of Plan Provisions

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

Effective date

Original: December 15, 1941.

Latest amendment: Amendment No. 30 (Effective December 31, 2017).

Plan Year

The calendar year.

Prior Plan

The Wiremold Company Salaried Retirement Income Plan, as in effect prior to January 1, 2002.

Employment Commencement Date

First day employee is credited with an hour of Service.

Covered employees

Non-Union: Any employee whose customary employment is for 1,000 or more hours of Service per plan year except those covered by a collective bargaining agreement.

Union: Any hourly employee not employed at Brooks, Shape, Walker or an Arkansas plant location and whose customary employment is for 1,000 or more hours of Service per plan year.

Participation

On Employment Commencement Date.

Non-Union: No new participants after July 31, 2006. Benefits are frozen at date of termination for rehires after that date who retain prior service. Benefits are also frozen for all other participants as of December 31, 2017.

Union: No new participants after March 31, 2009 unless hired as an Electrician in the Trades classification on or after April 1, 2009. Benefits are frozen at date of termination for rehires after that date who retain prior service.

Service for vesting and benefits

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

Non-Union, January 1, 1998 and after: Each plan year of at least 1,000 hours of Service.

Union: All continuous Service from date of hire to date of retirement or termination. Benefit accrual service excludes service while employed at Brooks, Shape, Walker or an Arkansas plant location.

Compensation (Non-Union)

W-2 earnings for the plan year plus 401(k) and Section 125 deferrals.

Account Balance (Non-Union)

A hypothetical account for each participant, credited annually with a percentage of salary based upon Benefit Service as of the first day of the plan year for which the contribution is being made.

Prior to August 1, 2006:

Years of Benefit Service	% of Compensation credited to Account
Less than 3	4.0%
At least 3 but less than 5	4.5%
At least 5 but less than 7	5.5%
At least 7 but less than 11	7.0%
At least 11 but less than 15	8.5%
At least 15 or more	11.0%

After July 31, 2006 and before January 1, 2018: If less than 5 years of benefit service 0%, otherwise:

Age	Years of Benefit Service on July 31, 2006		
	> 5, but < 10	> 10, but < 15	> 15
<30	2%	3%	4%
>30, but <35	2%	3%	4%
>35, but <40	2%	3%	4%
>40, but <45	4%	5%	6%
>45, but <50	4%	5%	6%
>50	4%	5%	6%

On the last day of each plan year the account is credited with interest based on the value of the account as of the first day of the plan year and the applicable Interest Credit. The account is also credited with a Transition Credit.

Interest Credits (Non-Union)

Greater of:

- (i) 5%
- (i) Average yield on 30-year Treasury Constant Maturities Securities for the month of September preceding the plan year.

Accrued benefit

Non-Union: Actuarial Equivalent of participant's Account Balance payable at normal retirement date.

Union:

Effective May 1, 2002, the product of the amount below times years of service:

For Retirement on or after	Annual Amount per Year of Service
Prior to May 1, 1996	\$228
May 1, 1996	252
May 1, 1998	264
May 1, 1999	300
May 1, 2002	336
April 3, 2005	360
March 31, 2008	384

Accrued benefit (cont.)

Effective April 1, 2009, \$384 times years of service prior to August 1, 2009 plus \$336 for Tier 1 employees and \$168 for Tier 2 employees times years of service after July 31, 2009. Electricians in the Trades classification hired on or after April 1, 2009 will accrue at the \$336 times years of service level.

Walker and Pass and Seymour: Walker benefits are frozen as of March 31, 2005. Pass and Seymour benefits are frozen as of December 31, 1995.

Normal retirement

Eligibility:

Non-Union and Pass and Seymour: Greater of participant's 65th birthday or fifth anniversary of participation.

Union and Walker: Age 65.

Benefit: Accrued benefit as of normal retirement date.

Early retirement

Eligibility: Attainment of age 55 and completion of 5 years of Service (10 years of service for Walker, 15 years of service for Pass and Seymour).

Benefit:

Non-Union: Accrued benefit as of early retirement date.

Union: At or after age 55, the vested accrued benefit based upon Service to date of early retirement. Accrued benefit is reduced by 4% for each year between date of retirement and age 65. At or after age 62, for employees who have 10 years of Service, or, the sum of attained age (minimum age 55) plus Service equals or exceeds 85, the accrued benefit based upon Service to date of early retirement, but without the 4% reduction for each year between date of retirement and age 65.

Walker: The accrued benefit is reduced by 1/200 for each month between date of retirement and age 65.

Pass and Seymour: The accrued benefit is reduced by ½ of one percent for each completed calendar month by which the early retirement date precedes the normal retirement date.

Late retirement

Accrued benefit as of late retirement date.

Termination prior to retirement

Vesting schedule: 100% after completion of 3 years of Service for Non-Union participants and 100% after completion of 5 years of Service for Union participants.

Benefit:

Non-Union: Vested portion of accrued benefit as of date of termination.

Union: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility: Completion of 3 years of vesting service for Non-Union participants and 5 years of vesting service for Union participants.

Death prior to retirement (cont.)

Benefit:

Non-Union: Actuarial Equivalent of the greater of vested participant's Immediate Account Balance Benefit or the Prior Plan Accrued Benefit.

Union:

Survivor's (named beneficiary) benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The survivor's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the survivor's benefit is payable immediately. The minimum benefit is the return of participant's contributions, if any, with interest.

Death benefit after retirement

A benefit payable to the beneficiary depending on form of payment of benefits in effect at time of death.

Disability retirement (Union)

Eligibility: At least 5 years of service (was "and age 50" prior to May 1, 1993) and permanently and totally disabled so as to be unable thereby to engage in any employment.

Benefit: Accrued benefit to date of disability less Worker's Compensation law benefits, if any.

Form of benefit

Normal form:

Wiremold Union and Non-Union: Modified ten-year certain and life. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Walker: Five year certain and life annuity for married participants, payable as an actuarially equivalent 50% joint and survivor annuity. In either case, payments are guaranteed for 5 years.

Pass and Seymour: Life annuity for married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: 100%, 75%, 66 2/3% or 50% joint and survivor annuity, Social Security option, or lump sum (Non-Union only).

**Attachment to Schedule SB (2024 Form 5500)
Line 26 - Schedule of Active Participant Data**

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

Attained Age	Completed Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25																				
25 to 29																				
30 to 34																				
35 to 39									1											
40 to 44	1		2						2											
45 to 49			2		5		3		2		4									
50 to 54	1		1		8		4		3		1		2				1			
55 to 59			6		1		5		6		2						2			
60 to 64	1		4		2		2		8		5		3		1		1		3	
65 to 69	1		2		1		1		6		2		1		1		1		1	
70 & over					1						1									

**Attachment to 2024 Form 5500 Schedule SB
Line 22 --Weighted Average Retirement Age**

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

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

Age	Rates of Retirement	Lives	(a)	(b)
			Retirements	Retirements x Age
55	0.0200	1,000	20	1,100
56	0.0200	980	20	1,098
57	0.0200	960	19	1,095
58	0.0200	941	19	1,092
59	0.0200	922	18	1,088
60	0.0500	904	45	2,712
61	0.0500	859	43	2,619
62	0.3000	816	245	15,174
63	0.0500	571	29	1,799
64	0.0500	542	27	1,736
65	1.0000	515	515	33,499
66	1.0000	-	-	-
67	1.0000	-	-	-
68	1.0000	-	-	-
69	1.0000	-	-	-
70	1.0000	-	-	-
Total			1,000	63,011

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

Attachment to 2024 Form 5500 Schedule SB
Line 26b - Schedule of Projection of Expected Benefit Payments

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payment	Total
2024	1,931,943	785,350	4,139,270	6,856,563
2025	1,124,491	797,912	3,972,088	5,894,491
2026	1,853,287	779,042	3,802,814	6,435,143
2027	756,468	901,122	3,631,813	5,289,403
2028	1,579,389	950,037	3,458,788	5,988,214
2029	443,648	601,007	3,281,601	4,326,256
2030	1,078,900	527,568	3,106,741	4,713,209
2031	842,743	730,658	2,933,215	4,506,616
2032	575,517	446,534	2,759,498	3,781,549
2033	605,673	480,874	2,587,716	3,674,263
2034	618,583	440,575	2,410,252	3,469,410
2035	534,075	771,508	2,245,225	3,550,808
2036	685,290	823,713	2,083,376	3,592,379
2037	722,102	544,196	1,925,262	3,191,560
2038	513,812	923,895	1,771,463	3,209,170
2039	675,294	773,663	1,622,565	3,071,522
2040	476,997	641,386	1,479,153	2,597,536
2041	442,325	528,058	1,341,787	2,312,170
2042	349,354	527,265	1,210,976	2,087,595
2043	443,581	491,353	1,087,180	2,022,114
2044	263,115	495,847	970,770	1,729,732
2045	226,763	498,580	862,011	1,587,354
2046	215,243	528,174	761,061	1,504,478
2047	220,800	393,876	667,958	1,282,634
2048	194,866	400,424	582,640	1,177,930
2049	181,105	372,640	504,958	1,058,703
2050	168,982	383,304	434,688	986,974
2051	156,713	389,337	371,562	917,612
2052	146,294	369,247	315,266	830,807
2053	134,114	412,076	265,454	811,644
2054	122,261	333,618	221,751	677,630

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payment	Total
2055	110,964	315,666	183,754	610,384
2056	100,337	297,416	151,042	548,795
2057	90,364	279,564	123,169	493,097
2058	80,920	261,863	99,674	442,457
2059	72,296	244,525	80,085	396,906
2060	64,368	226,872	63,930	355,170
2061	57,136	209,282	50,754	317,172
2062	50,425	193,097	40,117	283,639
2063	44,451	177,516	31,607	253,574
2064	39,053	162,596	24,850	226,499
2065	34,188	148,383	19,515	202,086
2066	29,810	134,915	15,320	180,045
2067	25,874	122,214	12,028	160,116
2068	22,340	110,291	9,442	142,073
2069	19,174	99,146	7,406	125,726
2070	16,350	88,769	5,799	110,918
2071	13,842	79,136	4,524	97,502
2072	11,627	70,216	3,513	85,356
2073	9,686	61,965	2,709	74,360

Legrand North America Retirement Plan
EIN: 06-0593670
Plan Number: 001

Schedule of Reportable Transactions
(Schedule H, Line 4j)
Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Series of transactions > 5%								
Vanguard	Vanguard Long-Term Investment-Grade Adm	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vanguard	Vanguard Long-Term Investment-Grade Adm	-	4,659,000	-	-	4,659,000	4,659,000	-
	Total number of purchases: 2							
	Total number of sales: 2							
* Empower Annuity Insurance Company	Guaranteed Deposit Account	\$ 10,218,643	\$ -	\$ -	\$ -	\$ 10,218,643	\$ 10,218,643	\$ -
* Empower Annuity Insurance Company	Guaranteed Deposit Account	-	5,764,451	-	-	5,764,451	5,764,451	-
	Total number of purchases: 2							
	Total number of sales: 2							
* Party-in-interest								

** The definition of a reportable transaction is a transaction that exceeds 5% of the current value of the Plan assets as of the beginning of the Plan year including a single transaction within the Plan year; any series of transactions with, or in conjunction with, the same person, involving property other than securities; any series of transactions involving securities of the same issue within the Plan year; any transaction within the Plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single securities transaction with that person.

See Independent Auditor's Report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	80,156,196	
b Actuarial value	2b	87,712,346	
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	668	38,039,145	38,039,145
b For terminated vested participants	278	10,702,912	10,702,912
c For active participants	114	12,449,756	12,571,269
d Total	1,060	61,191,813	61,313,326
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.10%	
6 Target normal cost			
a Present value of current plan year accruals	6a	71,913	
b Expected plan-related expenses	6b	50,000	
c Target normal cost	6c	121,913	

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	<i>RSS</i>	9/10/2025
Signature of actuary		Date
RICHARD S. SYCH		2305065
Type or print name of actuary		Most recent enrollment number
USI Consulting Group		860-521-8400
Firm name		Telephone number (including area code)
95 Glastonbury Boulevard		
Suite 102		
Glastonbury CT 06033		
Address of the firm		

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 121,913
b Excess assets, if applicable, but not greater than line 31a				31b 121,913
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
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
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Description of Actuarial Methods

Asset Valuation Method

The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 430 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. This was first used for the 2009 valuation.

Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

Maximum Liability: Projected Unit Credit Actuarial Cost Method. The allocation of projected benefits between past years and future years is in proportion to the applicable rates of benefit accrual under the Plan.

Description of Actuarial Assumptions

Changes in Actuarial Assumptions as of January 1, 2024

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

- Mortality

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

Interest Rates

The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021. ARPA continues to use a 24-month bond averaging period methodology for determining the segmented interest rates used in the calculation of the Plan's target liability and a corridor based on a 25-year bond averaging period. However, now the corridor based on 25-year average segment rates and the applicable minimum and maximum percentages used for purposes of calculating the Plan's target liability to adjust the 24-month average segment rates has been extended. In addition, any 25-year average segment rate that is less than 5% is deemed to be 5%.

The Infrastructure Investment and Jobs Act was signed into law on November 15, 2021 that further extended funding stabilization. The corridors under the new laws are as follows:

Corridor After ARPA			
<u>Years</u>	<u>Corridor</u>	<u>Years</u>	<u>Corridor</u>
2020-2021	95% to 105% if not deferred	2020-2021	95% to 105% if not deferred
2022-2025	95%-105%	2022-2030	95%-105%
2026	90%-110%	2031	90%-110%
2027	85%-115%	2032	85%-115%
2028	80%-120%	2033	80%-120%
2029	75%-125%	2034	75%-125%
2030+	70%-130%	2035+	70%-130%

The corridor rates are used for purposes of the calculation of the Plan's minimum required contribution and the determination of the Plan's AFTAP certification, but cannot be reflected in the calculation of the Plan's maximum tax deductible contribution or the PBGC variable premium liability. This report reflects the rates under ARPA as allowed under current legislation.

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

Segment	2024		2023	
	Before Adjustment	After Adjustment	Before Adjustment	After Adjustment
1st	3.62%	4.75%	1.41%	4.75%
2nd	4.46%	4.87%	3.09%	5.00%
3rd	4.52%	5.59%	3.58%	5.74%

Interest Rates (cont.)

The rates before adjustment are the standard 24-month segment rates determined under any prior interest rate relief laws. They are used in the determination of the Plan’s maximum tax deductible contribution.

The rates after adjustment reflect the application of the applicable corridor around the 25-year average rates. They are used in the determination of the Plan’s minimum required contribution and AFTAP for benefit restriction purposes.

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

	2024	2023
1 st segment	5.01%	4.84%
2 nd segment	5.13%	5.15%
3 rd segment	5.15%	4.85%

Expected Return for Asset Smoothing

Year	Assumption	Not to Exceed
2024	6.50%	5.59%
2023	6.50%	5.74%
2022	6.50%	5.92%
2021	6.50%	6.11%

The expected long-term rate of return on assets is estimated using the Plan Sponsor’s long-term target asset allocation and the long-term capital market assumption for each asset class in that allocation provided by the pension fund’s investment advisor.

Mortality

Pri-2012 Mortality Table projected to valuation date with an adjusted version of Scale MP-2021. Separate tables for annuitants and non-annuitants.

(Prior: RP-2014 Adjusted to 2006 Total Dataset Mortality Table projected to valuation date with Scale MP-2021. Separate tables for annuitants and non-annuitants.)

Mortality Improvement

Projected to date of decrement using an adjusted version of Scale MP-2021 (generational).

(Prior: Projected to date of decrement using Scale MP-2021 (generational).)

Lump sum basis

Mortality: IRS 2024 Applicable Mortality Table for 417(e) dynamic.

(Prior Mortality: IRS 2023 Applicable Mortality Table for 417(e) dynamic.)

Interest Rates: Valuation Basis.

Inflation

2.50%.

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

Salary Scale (including inflation, Non-Union only)

N/A.

Increases in IRC Sec. 401(a)(17) compensation limit

As required by law, no increases are assumed.

Increases in IRC Sec. 415(b) limit on benefits

As required by law, no increases are assumed.

Retirement

Age	Rate
55-59	2%
60-61	5%
62	30%
63-64	5%
65+	100%

The earliest retirement age is the greatest of age 55 and completion of 5 years of service.

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

Termination prior to retirement

Male		Females	
Age	Rate	Age	Rate
20	10%	20	15%
25	10%	25	15%
30	7½%	30	10%
35	5%	35	7½%
40	3%	40	5%
45	1½%	45	2½%
50	0%	50	0%

Disability prior to retirement (Union only)

Male		Females	
Age	Rate	Age	Rate
20	.151%	20	.099%
25	.219%	25	.150%
30	.309%	30	.252%
35	.431%	35	.388%
40	.597%	40	.547%
45	.829%	45	.777%
50	1.224%	50	1.201%

The actuarial assumptions in regards to rates of decrement shown above are based on standard tables modified for certain plan features such as eligibility for full and early retirement where applicable and input from the plan sponsor. The plan does not have sufficiently credible data on which to perform an experience study, however we reviewed the available experience and reflected it in the assumptions.

Form of payment election (Non-Union only)

For participants eligible to receive a lump sum, 100% are assumed to elect a lump sum payment when they terminate, die or retire.

This assumption is based on a review of actual experience during recent years.

Administrative expenses

As prescribed by the IRS, estimated administrative expenses have been added to the target normal cost.

Marriage assumption for death prior to retirement (Union only)

It is assumed that 85% of participants are married and 15% of participants will elect a recipient as a beneficiary. Husbands are assumed to be three years older than wives.

Interest credits

5.00% per year.

Summary of Plan Provisions

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

Effective date

Original: December 15, 1941.

Latest amendment: Amendment No. 30 (Effective December 31, 2017).

Plan Year

The calendar year.

Prior Plan

The Wiremold Company Salaried Retirement Income Plan, as in effect prior to January 1, 2002.

Employment Commencement Date

First day employee is credited with an hour of Service.

Covered employees

Non-Union: Any employee whose customary employment is for 1,000 or more hours of Service per plan year except those covered by a collective bargaining agreement.

Union: Any hourly employee not employed at Brooks, Shape, Walker or an Arkansas plant location and whose customary employment is for 1,000 or more hours of Service per plan year.

Participation

On Employment Commencement Date.

Non-Union: No new participants after July 31, 2006. Benefits are frozen at date of termination for rehires after that date who retain prior service. Benefits are also frozen for all other participants as of December 31, 2017.

Union: No new participants after March 31, 2009 unless hired as an Electrician in the Trades classification on or after April 1, 2009. Benefits are frozen at date of termination for rehires after that date who retain prior service.

Service for vesting and benefits

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

Non-Union, January 1, 1998 and after: Each plan year of at least 1,000 hours of Service.

Union: All continuous Service from date of hire to date of retirement or termination. Benefit accrual service excludes service while employed at Brooks, Shape, Walker or an Arkansas plant location.

Compensation (Non-Union)

W-2 earnings for the plan year plus 401(k) and Section 125 deferrals.

Account Balance (Non-Union)

A hypothetical account for each participant, credited annually with a percentage of salary based upon Benefit Service as of the first day of the plan year for which the contribution is being made.

Prior to August 1, 2006:

Years of Benefit Service	% of Compensation credited to Account
Less than 3	4.0%
At least 3 but less than 5	4.5%
At least 5 but less than 7	5.5%
At least 7 but less than 11	7.0%
At least 11 but less than 15	8.5%
At least 15 or more	11.0%

After July 31, 2006 and before January 1, 2018: If less than 5 years of benefit service 0%, otherwise:

Age	Years of Benefit Service on July 31, 2006		
	> 5, but < 10	> 10, but < 15	> 15
<30	2%	3%	4%
>30, but <35	2%	3%	4%
>35, but <40	2%	3%	4%
>40, but <45	4%	5%	6%
>45, but <50	4%	5%	6%
>50	4%	5%	6%

On the last day of each plan year the account is credited with interest based on the value of the account as of the first day of the plan year and the applicable Interest Credit. The account is also credited with a Transition Credit.

Interest Credits (Non-Union)

Greater of:

- (i) 5%
- (i) Average yield on 30-year Treasury Constant Maturities Securities for the month of September preceding the plan year.

Accrued benefit

Non-Union: Actuarial Equivalent of participant's Account Balance payable at normal retirement date.

Union:

Effective May 1, 2002, the product of the amount below times years of service:

For Retirement on or after	Annual Amount per Year of Service
Prior to May 1, 1996	\$228
May 1, 1996	252
May 1, 1998	264
May 1, 1999	300
May 1, 2002	336
April 3, 2005	360
March 31, 2008	384

Accrued benefit (cont.)

Effective April 1, 2009, \$384 times years of service prior to August 1, 2009 plus \$336 for Tier 1 employees and \$168 for Tier 2 employees times years of service after July 31, 2009. Electricians in the Trades classification hired on or after April 1, 2009 will accrue at the \$336 times years of service level.

Walker and Pass and Seymour: Walker benefits are frozen as of March 31, 2005. Pass and Seymour benefits are frozen as of December 31, 1995.

Normal retirement

Eligibility:

Non-Union and Pass and Seymour: Greater of participant's 65th birthday or fifth anniversary of participation.

Union and Walker: Age 65.

Benefit: Accrued benefit as of normal retirement date.

Early retirement

Eligibility: Attainment of age 55 and completion of 5 years of Service (10 years of service for Walker, 15 years of service for Pass and Seymour).

Benefit:

Non-Union: Accrued benefit as of early retirement date.

Union: At or after age 55, the vested accrued benefit based upon Service to date of early retirement. Accrued benefit is reduced by 4% for each year between date of retirement and age 65. At or after age 62, for employees who have 10 years of Service, or, the sum of attained age (minimum age 55) plus Service equals or exceeds 85, the accrued benefit based upon Service to date of early retirement, but without the 4% reduction for each year between date of retirement and age 65.

Walker: The accrued benefit is reduced by 1/200 for each month between date of retirement and age 65.

Pass and Seymour: The accrued benefit is reduced by ½ of one percent for each completed calendar month by which the early retirement date precedes the normal retirement date.

Late retirement

Accrued benefit as of late retirement date.

Termination prior to retirement

Vesting schedule: 100% after completion of 3 years of Service for Non-Union participants and 100% after completion of 5 years of Service for Union participants.

Benefit:

Non-Union: Vested portion of accrued benefit as of date of termination.

Union: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility: Completion of 3 years of vesting service for Non-Union participants and 5 years of vesting service for Union participants.

Death prior to retirement (cont.)

Benefit:

Non-Union: Actuarial Equivalent of the greater of vested participant's Immediate Account Balance Benefit or the Prior Plan Accrued Benefit.

Union:

Survivor's (named beneficiary) benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The survivor's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the survivor's benefit is payable immediately. The minimum benefit is the return of participant's contributions, if any, with interest.

Death benefit after retirement

A benefit payable to the beneficiary depending on form of payment of benefits in effect at time of death.

Disability retirement (Union)

Eligibility: At least 5 years of service (was "and age 50" prior to May 1, 1993) and permanently and totally disabled so as to be unable thereby to engage in any employment.

Benefit: Accrued benefit to date of disability less Worker's Compensation law benefits, if any.

Form of benefit

Normal form:

Wiremold Union and Non-Union: Modified ten-year certain and life. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Walker: Five year certain and life annuity for married participants, payable as an actuarially equivalent 50% joint and survivor annuity. In either case, payments are guaranteed for 5 years.

Pass and Seymour: Life annuity for married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: 100%, 75%, 66 2/3% or 50% joint and survivor annuity, Social Security option, or lump sum (Non-Union only).

**Attachment to Schedule SB (2024 Form 5500)
Line 26 - Schedule of Active Participant Data**

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

Attained Age	Completed Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25																				
25 to 29																				
30 to 34																				
35 to 39									1											
40 to 44	1		2						2											
45 to 49			2		5		3		2		4									
50 to 54	1		1		8		4		3		1		2				1			
55 to 59			6		1		5		6		2						2			
60 to 64	1		4		2		2		8		5		3		1		1		3	
65 to 69	1		2		1		1		6		2		1		1		1		1	
70 & over					1						1									

**Attachment to 2024 Form 5500 Schedule SB
Line 22 --Weighted Average Retirement Age**

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

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

Age	Rates of Retirement	Lives	(a)	(b)
			Retirements	Retirements x Age
55	0.0200	1,000	20	1,100
56	0.0200	980	20	1,098
57	0.0200	960	19	1,095
58	0.0200	941	19	1,092
59	0.0200	922	18	1,088
60	0.0500	904	45	2,712
61	0.0500	859	43	2,619
62	0.3000	816	245	15,174
63	0.0500	571	29	1,799
64	0.0500	542	27	1,736
65	1.0000	515	515	33,499
66	1.0000	-	-	-
67	1.0000	-	-	-
68	1.0000	-	-	-
69	1.0000	-	-	-
70	1.0000	-	-	-
Total			1,000	63,011

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

Attachment to 2024 Form 5500 Schedule SB
Line 26b - Schedule of Projection of Expected Benefit Payments

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payment	Total
2024	1,931,943	785,350	4,139,270	6,856,563
2025	1,124,491	797,912	3,972,088	5,894,491
2026	1,853,287	779,042	3,802,814	6,435,143
2027	756,468	901,122	3,631,813	5,289,403
2028	1,579,389	950,037	3,458,788	5,988,214
2029	443,648	601,007	3,281,601	4,326,256
2030	1,078,900	527,568	3,106,741	4,713,209
2031	842,743	730,658	2,933,215	4,506,616
2032	575,517	446,534	2,759,498	3,781,549
2033	605,673	480,874	2,587,716	3,674,263
2034	618,583	440,575	2,410,252	3,469,410
2035	534,075	771,508	2,245,225	3,550,808
2036	685,290	823,713	2,083,376	3,592,379
2037	722,102	544,196	1,925,262	3,191,560
2038	513,812	923,895	1,771,463	3,209,170
2039	675,294	773,663	1,622,565	3,071,522
2040	476,997	641,386	1,479,153	2,597,536
2041	442,325	528,058	1,341,787	2,312,170
2042	349,354	527,265	1,210,976	2,087,595
2043	443,581	491,353	1,087,180	2,022,114
2044	263,115	495,847	970,770	1,729,732
2045	226,763	498,580	862,011	1,587,354
2046	215,243	528,174	761,061	1,504,478
2047	220,800	393,876	667,958	1,282,634
2048	194,866	400,424	582,640	1,177,930
2049	181,105	372,640	504,958	1,058,703
2050	168,982	383,304	434,688	986,974
2051	156,713	389,337	371,562	917,612
2052	146,294	369,247	315,266	830,807
2053	134,114	412,076	265,454	811,644
2054	122,261	333,618	221,751	677,630

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payment	Total
2055	110,964	315,666	183,754	610,384
2056	100,337	297,416	151,042	548,795
2057	90,364	279,564	123,169	493,097
2058	80,920	261,863	99,674	442,457
2059	72,296	244,525	80,085	396,906
2060	64,368	226,872	63,930	355,170
2061	57,136	209,282	50,754	317,172
2062	50,425	193,097	40,117	283,639
2063	44,451	177,516	31,607	253,574
2064	39,053	162,596	24,850	226,499
2065	34,188	148,383	19,515	202,086
2066	29,810	134,915	15,320	180,045
2067	25,874	122,214	12,028	160,116
2068	22,340	110,291	9,442	142,073
2069	19,174	99,146	7,406	125,726
2070	16,350	88,769	5,799	110,918
2071	13,842	79,136	4,524	97,502
2072	11,627	70,216	3,513	85,356
2073	9,686	61,965	2,709	74,360

**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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	80,156,196	
b Actuarial value	2b	87,712,346	
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	668	38,039,145	38,039,145
b For terminated vested participants	278	10,702,912	10,702,912
c For active participants	114	12,449,756	12,571,269
d Total	1,060	61,191,813	61,313,326
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.10%	
6 Target normal cost			
a Present value of current plan year accruals	6a	71,913	
b Expected plan-related expenses	6b	50,000	
c Target normal cost	6c	121,913	

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	<i>RSS</i>	9/10/2025
Signature of actuary		Date
RICHARD S. SYCH		2305065
Type or print name of actuary		Most recent enrollment number
USI Consulting Group		860-521-8400
Firm name		Telephone number (including area code)
95 Glastonbury Boulevard Suite 102 Glastonbury CT 06033		
Address of the firm		

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

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 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)..... **31a** 121,913

b Excess assets, if applicable, but not greater than line 31a **31b** 121,913

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			0

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

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b**

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Description of Actuarial Methods

Asset Valuation Method

The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 430 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. This was first used for the 2009 valuation.

Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

Maximum Liability: Projected Unit Credit Actuarial Cost Method. The allocation of projected benefits between past years and future years is in proportion to the applicable rates of benefit accrual under the Plan.

Description of Actuarial Assumptions

Changes in Actuarial Assumptions as of January 1, 2024

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

- Mortality

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

Interest Rates

The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021. ARPA continues to use a 24-month bond averaging period methodology for determining the segmented interest rates used in the calculation of the Plan's target liability and a corridor based on a 25-year bond averaging period. However, now the corridor based on 25-year average segment rates and the applicable minimum and maximum percentages used for purposes of calculating the Plan's target liability to adjust the 24-month average segment rates has been extended. In addition, any 25-year average segment rate that is less than 5% is deemed to be 5%.

The Infrastructure Investment and Jobs Act was signed into law on November 15, 2021 that further extended funding stabilization. The corridors under the new laws are as follows:

Corridor After ARPA			
<u>Years</u>	<u>Corridor</u>	<u>Years</u>	<u>Corridor</u>
2020-2021	95% to 105% if not deferred	2020-2021	95% to 105% if not deferred
2022-2025	95%-105%	2022-2030	95%-105%
2026	90%-110%	2031	90%-110%
2027	85%-115%	2032	85%-115%
2028	80%-120%	2033	80%-120%
2029	75%-125%	2034	75%-125%
2030+	70%-130%	2035+	70%-130%

The corridor rates are used for purposes of the calculation of the Plan's minimum required contribution and the determination of the Plan's AFTAP certification, but cannot be reflected in the calculation of the Plan's maximum tax deductible contribution or the PBGC variable premium liability. This report reflects the rates under ARPA as allowed under current legislation.

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

Segment	2024		2023	
	Before Adjustment	After Adjustment	Before Adjustment	After Adjustment
1st	3.62%	4.75%	1.41%	4.75%
2nd	4.46%	4.87%	3.09%	5.00%
3rd	4.52%	5.59%	3.58%	5.74%

Interest Rates (cont.)

The rates before adjustment are the standard 24-month segment rates determined under any prior interest rate relief laws. They are used in the determination of the Plan’s maximum tax deductible contribution.

The rates after adjustment reflect the application of the applicable corridor around the 25-year average rates. They are used in the determination of the Plan’s minimum required contribution and AFTAP for benefit restriction purposes.

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

	2024	2023
1 st segment	5.01%	4.84%
2 nd segment	5.13%	5.15%
3 rd segment	5.15%	4.85%

Expected Return for Asset Smoothing

Year	Assumption	Not to Exceed
2024	6.50%	5.59%
2023	6.50%	5.74%
2022	6.50%	5.92%
2021	6.50%	6.11%

The expected long-term rate of return on assets is estimated using the Plan Sponsor’s long-term target asset allocation and the long-term capital market assumption for each asset class in that allocation provided by the pension fund’s investment advisor.

Mortality

Pri-2012 Mortality Table projected to valuation date with an adjusted version of Scale MP-2021. Separate tables for annuitants and non-annuitants.

(Prior: RP-2014 Adjusted to 2006 Total Dataset Mortality Table projected to valuation date with Scale MP-2021. Separate tables for annuitants and non-annuitants.)

Mortality Improvement

Projected to date of decrement using an adjusted version of Scale MP-2021 (generational).

(Prior: Projected to date of decrement using Scale MP-2021 (generational).)

Lump sum basis

Mortality: IRS 2024 Applicable Mortality Table for 417(e) dynamic.

(Prior Mortality: IRS 2023 Applicable Mortality Table for 417(e) dynamic.)

Interest Rates: Valuation Basis.

Inflation

2.50%.

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

Salary Scale (including inflation, Non-Union only)

N/A.

Increases in IRC Sec. 401(a)(17) compensation limit

As required by law, no increases are assumed.

Increases in IRC Sec. 415(b) limit on benefits

As required by law, no increases are assumed.

Retirement

Age	Rate
55-59	2%
60-61	5%
62	30%
63-64	5%
65+	100%

The earliest retirement age is the greatest of age 55 and completion of 5 years of service.

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

Termination prior to retirement

Male		Females	
Age	Rate	Age	Rate
20	10%	20	15%
25	10%	25	15%
30	7½%	30	10%
35	5%	35	7½%
40	3%	40	5%
45	1½%	45	2½%
50	0%	50	0%

Disability prior to retirement (Union only)

Male		Females	
Age	Rate	Age	Rate
20	.151%	20	.099%
25	.219%	25	.150%
30	.309%	30	.252%
35	.431%	35	.388%
40	.597%	40	.547%
45	.829%	45	.777%
50	1.224%	50	1.201%

The actuarial assumptions in regards to rates of decrement shown above are based on standard tables modified for certain plan features such as eligibility for full and early retirement where applicable and input from the plan sponsor. The plan does not have sufficiently credible data on which to perform an experience study, however we reviewed the available experience and reflected it in the assumptions.

Form of payment election (Non-Union only)

For participants eligible to receive a lump sum, 100% are assumed to elect a lump sum payment when they terminate, die or retire.

This assumption is based on a review of actual experience during recent years.

Administrative expenses

As prescribed by the IRS, estimated administrative expenses have been added to the target normal cost.

Marriage assumption for death prior to retirement (Union only)

It is assumed that 85% of participants are married and 15% of participants will elect a recipient as a beneficiary. Husbands are assumed to be three years older than wives.

Interest credits

5.00% per year.

Summary of Plan Provisions

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

Effective date

Original: December 15, 1941.

Latest amendment: Amendment No. 30 (Effective December 31, 2017).

Plan Year

The calendar year.

Prior Plan

The Wiremold Company Salaried Retirement Income Plan, as in effect prior to January 1, 2002.

Employment Commencement Date

First day employee is credited with an hour of Service.

Covered employees

Non-Union: Any employee whose customary employment is for 1,000 or more hours of Service per plan year except those covered by a collective bargaining agreement.

Union: Any hourly employee not employed at Brooks, Shape, Walker or an Arkansas plant location and whose customary employment is for 1,000 or more hours of Service per plan year.

Participation

On Employment Commencement Date.

Non-Union: No new participants after July 31, 2006. Benefits are frozen at date of termination for rehires after that date who retain prior service. Benefits are also frozen for all other participants as of December 31, 2017.

Union: No new participants after March 31, 2009 unless hired as an Electrician in the Trades classification on or after April 1, 2009. Benefits are frozen at date of termination for rehires after that date who retain prior service.

Service for vesting and benefits

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

Non-Union, January 1, 1998 and after: Each plan year of at least 1,000 hours of Service.

Union: All continuous Service from date of hire to date of retirement or termination. Benefit accrual service excludes service while employed at Brooks, Shape, Walker or an Arkansas plant location.

Compensation (Non-Union)

W-2 earnings for the plan year plus 401(k) and Section 125 deferrals.

Account Balance (Non-Union)

A hypothetical account for each participant, credited annually with a percentage of salary based upon Benefit Service as of the first day of the plan year for which the contribution is being made.

Prior to August 1, 2006:

Years of Benefit Service	% of Compensation credited to Account
Less than 3	4.0%
At least 3 but less than 5	4.5%
At least 5 but less than 7	5.5%
At least 7 but less than 11	7.0%
At least 11 but less than 15	8.5%
At least 15 or more	11.0%

After July 31, 2006 and before January 1, 2018: If less than 5 years of benefit service 0%, otherwise:

Age	Years of Benefit Service on July 31, 2006		
	> 5, but < 10	> 10, but < 15	> 15
<30	2%	3%	4%
>30, but <35	2%	3%	4%
>35, but <40	2%	3%	4%
>40, but <45	4%	5%	6%
>45, but <50	4%	5%	6%
>50	4%	5%	6%

On the last day of each plan year the account is credited with interest based on the value of the account as of the first day of the plan year and the applicable Interest Credit. The account is also credited with a Transition Credit.

Interest Credits (Non-Union)

Greater of:

- (i) 5%
- (i) Average yield on 30-year Treasury Constant Maturities Securities for the month of September preceding the plan year.

Accrued benefit

Non-Union: Actuarial Equivalent of participant's Account Balance payable at normal retirement date.

Union:

Effective May 1, 2002, the product of the amount below times years of service:

For Retirement on or after	Annual Amount per Year of Service
Prior to May 1, 1996	\$228
May 1, 1996	252
May 1, 1998	264
May 1, 1999	300
May 1, 2002	336
April 3, 2005	360
March 31, 2008	384

Accrued benefit (cont.)

Effective April 1, 2009, \$384 times years of service prior to August 1, 2009 plus \$336 for Tier 1 employees and \$168 for Tier 2 employees times years of service after July 31, 2009. Electricians in the Trades classification hired on or after April 1, 2009 will accrue at the \$336 times years of service level.

Walker and Pass and Seymour: Walker benefits are frozen as of March 31, 2005. Pass and Seymour benefits are frozen as of December 31, 1995.

Normal retirement

Eligibility:

Non-Union and Pass and Seymour: Greater of participant's 65th birthday or fifth anniversary of participation.

Union and Walker: Age 65.

Benefit: Accrued benefit as of normal retirement date.

Early retirement

Eligibility: Attainment of age 55 and completion of 5 years of Service (10 years of service for Walker, 15 years of service for Pass and Seymour).

Benefit:

Non-Union: Accrued benefit as of early retirement date.

Union: At or after age 55, the vested accrued benefit based upon Service to date of early retirement. Accrued benefit is reduced by 4% for each year between date of retirement and age 65. At or after age 62, for employees who have 10 years of Service, or, the sum of attained age (minimum age 55) plus Service equals or exceeds 85, the accrued benefit based upon Service to date of early retirement, but without the 4% reduction for each year between date of retirement and age 65.

Walker: The accrued benefit is reduced by 1/200 for each month between date of retirement and age 65.

Pass and Seymour: The accrued benefit is reduced by ½ of one percent for each completed calendar month by which the early retirement date precedes the normal retirement date.

Late retirement

Accrued benefit as of late retirement date.

Termination prior to retirement

Vesting schedule: 100% after completion of 3 years of Service for Non-Union participants and 100% after completion of 5 years of Service for Union participants.

Benefit:

Non-Union: Vested portion of accrued benefit as of date of termination.

Union: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

Death prior to retirement

Eligibility: Completion of 3 years of vesting service for Non-Union participants and 5 years of vesting service for Union participants.

Death prior to retirement (cont.)

Benefit:

Non-Union: Actuarial Equivalent of the greater of vested participant's Immediate Account Balance Benefit or the Prior Plan Accrued Benefit.

Union:

Survivor's (named beneficiary) benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The survivor's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the survivor's benefit is payable immediately. The minimum benefit is the return of participant's contributions, if any, with interest.

Death benefit after retirement

A benefit payable to the beneficiary depending on form of payment of benefits in effect at time of death.

Disability retirement (Union)

Eligibility: At least 5 years of service (was "and age 50" prior to May 1, 1993) and permanently and totally disabled so as to be unable thereby to engage in any employment.

Benefit: Accrued benefit to date of disability less Worker's Compensation law benefits, if any.

Form of benefit

Normal form:

Wiremold Union and Non-Union: Modified ten-year certain and life. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Walker: Five year certain and life annuity for married participants, payable as an actuarially equivalent 50% joint and survivor annuity. In either case, payments are guaranteed for 5 years.

Pass and Seymour: Life annuity for married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: 100%, 75%, 66 2/3% or 50% joint and survivor annuity, Social Security option, or lump sum (Non-Union only).

**Attachment to Schedule SB (2024 Form 5500)
Line 26 - Schedule of Active Participant Data**

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

Attained Age	Completed Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25																				
25 to 29																				
30 to 34																				
35 to 39									1											
40 to 44	1		2						2											
45 to 49			2		5		3		2		4									
50 to 54	1		1		8		4		3		1		2				1			
55 to 59			6		1		5		6		2						2			
60 to 64	1		4		2		2		8		5		3		1		1		3	
65 to 69	1		2		1		1		6		2		1		1		1		1	
70 & over					1						1									

**Attachment to 2024 Form 5500 Schedule SB
Line 22 --Weighted Average Retirement Age**

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

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

Age	Rates of Retirement	Lives	(a)	(b)
			Retirements	Retirements x Age
55	0.0200	1,000	20	1,100
56	0.0200	980	20	1,098
57	0.0200	960	19	1,095
58	0.0200	941	19	1,092
59	0.0200	922	18	1,088
60	0.0500	904	45	2,712
61	0.0500	859	43	2,619
62	0.3000	816	245	15,174
63	0.0500	571	29	1,799
64	0.0500	542	27	1,736
65	1.0000	515	515	33,499
66	1.0000	-	-	-
67	1.0000	-	-	-
68	1.0000	-	-	-
69	1.0000	-	-	-
70	1.0000	-	-	-
Total			1,000	63,011

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

Attachment to 2024 Form 5500 Schedule SB
Line 26b - Schedule of Projection of Expected Benefit Payments

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payment	Total
2024	1,931,943	785,350	4,139,270	6,856,563
2025	1,124,491	797,912	3,972,088	5,894,491
2026	1,853,287	779,042	3,802,814	6,435,143
2027	756,468	901,122	3,631,813	5,289,403
2028	1,579,389	950,037	3,458,788	5,988,214
2029	443,648	601,007	3,281,601	4,326,256
2030	1,078,900	527,568	3,106,741	4,713,209
2031	842,743	730,658	2,933,215	4,506,616
2032	575,517	446,534	2,759,498	3,781,549
2033	605,673	480,874	2,587,716	3,674,263
2034	618,583	440,575	2,410,252	3,469,410
2035	534,075	771,508	2,245,225	3,550,808
2036	685,290	823,713	2,083,376	3,592,379
2037	722,102	544,196	1,925,262	3,191,560
2038	513,812	923,895	1,771,463	3,209,170
2039	675,294	773,663	1,622,565	3,071,522
2040	476,997	641,386	1,479,153	2,597,536
2041	442,325	528,058	1,341,787	2,312,170
2042	349,354	527,265	1,210,976	2,087,595
2043	443,581	491,353	1,087,180	2,022,114
2044	263,115	495,847	970,770	1,729,732
2045	226,763	498,580	862,011	1,587,354
2046	215,243	528,174	761,061	1,504,478
2047	220,800	393,876	667,958	1,282,634
2048	194,866	400,424	582,640	1,177,930
2049	181,105	372,640	504,958	1,058,703
2050	168,982	383,304	434,688	986,974
2051	156,713	389,337	371,562	917,612
2052	146,294	369,247	315,266	830,807
2053	134,114	412,076	265,454	811,644
2054	122,261	333,618	221,751	677,630

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payment	Total
2055	110,964	315,666	183,754	610,384
2056	100,337	297,416	151,042	548,795
2057	90,364	279,564	123,169	493,097
2058	80,920	261,863	99,674	442,457
2059	72,296	244,525	80,085	396,906
2060	64,368	226,872	63,930	355,170
2061	57,136	209,282	50,754	317,172
2062	50,425	193,097	40,117	283,639
2063	44,451	177,516	31,607	253,574
2064	39,053	162,596	24,850	226,499
2065	34,188	148,383	19,515	202,086
2066	29,810	134,915	15,320	180,045
2067	25,874	122,214	12,028	160,116
2068	22,340	110,291	9,442	142,073
2069	19,174	99,146	7,406	125,726
2070	16,350	88,769	5,799	110,918
2071	13,842	79,136	4,524	97,502
2072	11,627	70,216	3,513	85,356
2073	9,686	61,965	2,709	74,360

Legrand North America Retirement Plan
EIN: 06-0593670
Plan Number: 001

Schedule of Assets (Held at End of Year)
(Schedule H, Line 4i)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual funds			
	The Vanguard Group	Vanguard Long-Term Investment-Grade Adm	\$ 59,033,487	\$ 44,294,226
*	Empower	Empower International Index Institutional Fund	2,491,212	2,262,457
	Invesco	Oppenheimer Developing Markets Fund	<u>1,852,583</u>	<u>1,937,890</u>
			<u>63,377,282</u>	<u>48,494,573</u>
	Pooled separate accounts			
*	Prudential Insurance Company of America	PRISA SA	3,352,694	4,926,520
*	Empower Annuity Insurance Company	Dryden S&P 5500 Index Fund	785,842	3,390,004
*	Empower Annuity Insurance Company	Lazard International Blend Fund	1,929,874	2,324,740
*	Empower Annuity Insurance Company	MFS Large Cap Growth Fund	253,857	1,728,764
*	Empower Annuity Insurance Company	LSV Asset Mgmt Large Cap Value Fund	643,176	1,625,627
*	Empower Annuity Insurance Company	Times Square Small Cap Growth Fund	409,421	1,499,552
*	Empower Annuity Insurance Company	Kennedy Capital Small Cap Value Fd	<u>572,049</u>	<u>1,416,732</u>
			<u>7,946,913</u>	<u>16,911,939</u>
	Guaranteed deposit account			
*	Empower Annuity Insurance Company	Guaranteed Deposit Account	<u>11,159,112</u>	<u>10,611,011</u>
			<u>\$ 82,483,307</u>	<u>\$ 76,017,523</u>
*	Party-in-interest.			

See Independent Auditor's Report.