# 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 6047(e), 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

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
DNV (U.S.A.), INC. 401 (K) PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1990

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

DNV (U.S.A.), INC. 401 (K) PLAN
DET NORSKE VERITAS U.S.A., INC.

1400 RAVELLO DRIVE
KATY, TX 77449

1400 RAVELLO DRIVE
KATY, TX 77449

**2b** Employer Identification Number (EIN)
76-0187362

**2c** Sponsor's telephone number
281-396-1000

**2d** Business code (see instructions)
541600

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 12/30/2014 | MARIALISA MARCIANO-MILLS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)
MARIALISA MARCIANO-MILLS

DNV GL

1400 RAVELLO DRIVE
KATY, TX 77449

Preparer's telephone number (optional)
281-396-1000

**3a** Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 980 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 952 |
| **b** | Retired or separated participants receiving benefits | **6b** | 9 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 420 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 1381 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 6 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1387 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 1054 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 45 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2S 2T 3D 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)

| | | |
|---|---|---|
| **(1)** | [ ] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [ ] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

| | |
|---|---|
| **A** Name of plan<br>DNV (U.S.A.), INC. 401 (K) PLAN | **B** Three-digit plan number (PN) ▶ 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>DNV (U.S.A.), INC. 401 (K) PLAN | **D** Employer Identification Number (EIN)<br>76-0187362 |

## 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).. . . . . [X] Yes [ ] No

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

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

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04-2647786

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

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

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

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04-2647786

| (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? |
|---|---|---|---|---|---|---|
| | RECORDKEEPER | 84505 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [ ] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
DNV (U.S.A.), INC. 401 (K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
DNV (U.S.A.), INC. 401 (K) PLAN

**D** Employer Identification Number (EIN)
76-0187362

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 1805 |
| **(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) | 9297394 | 0 |
| **(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) | 601898 | 0 |
| **(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) | 1069098 | 1731618 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 71967637 | 155956361 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 5245 | 6886578 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 82941272 | 164576362 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | 9777 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 9777 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 82941272 | 164566585 |

## 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) | 3776137 | |
| | **(B)** Participants | 2a(1)(B) | 6706283 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 486260 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 10968680 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 3419907 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 3419907 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 12075305 |
| c Other income | 2c | | 292461 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 26756353 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 15794867 | |
| (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) | | 15794867 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 84505 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 84505 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 15879372 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 10876981 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 70748332 |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: CARON & BLETZER PLLC (2) EIN: 04-3499945

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | X | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | X | | |

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
DNV (U.S.A.), INC. 401 (K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
DNV (U.S.A.), INC. 401 (K) PLAN

**D** Employer Identification Number (EIN)
76-0187362

## Part I Distributions

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

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

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

EIN(s): 04-6568107

**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**

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CARON & BLETZER, PLLC
Certified Public Accountants and Business Consultants

51 Church Street, P.O. Box 668
Kingston, NH 03848-0668
Tel: (603) 642-4862
Fax: (603) 642-6446

# Independent Auditor's Report

To the Plan Administrator of the DNV (U.S.A.), Inc. 401(k) Plan:

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the DNV (U.S.A.), Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2013 and 2012, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2013, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note F, which was certified by Fidelity Management Trust Company, the trustee of the Plan through December 31, 2013, and Vanguard Fiduciary Trust Company, the trustee of the Plan effective December 31, 2013, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustees as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustees is complete and accurate.

## Disclaimer of Opinion

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

**Other Matter – Supplemental Schedule**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2013 is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

**Other Matter – Plan Merger**

As discussed in Note I, effective July 1, 2013, the Two Tomorrows, Inc. 401(k) Profit Sharing Plan was merged with and into the DNV (U.S.A.), Inc. 401(k) Plan and ceased to exist as a separate plan on that date.

As further discussed in Note I, effective December 31, 2013, the Kema 401(k) Plan and the Kema Powertest 401(k) Plan were merged with and into the DNV (U.S.A.), Inc. 401(k) Plan and ceased to exist as separate plans on that date.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Kingston, NH
December 30, 2014

# DNV (U.S.A.), INC. 401(k) PLAN

FINANCIAL STATEMENTS

December 31, 2013 and 2012 and
For the Year Ended December 31, 2013

C&B
CARON & BLETZER, PLLC
Certified Public Accountants and Business Consultants

DNV (U.S.A.), INC. 401(k) PLAN
INDEX OF FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
December 31, 2013 and 2012


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Certain supplemental schedules have been omitted because they are either not required or not applicable.

FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULE TO ACCOMPANY THE 2013 FORM 5500
ANNUAL REPORT OF EMPLOYEE BENEFIT PLAN
UNDER ERISA OF 1974

CARON & BLETZER, PLLC
Certified Public Accountants and Business Consultants

51 Church Street, P.O. Box 668
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Tel: (603) 642-4862
Fax: (603) 642-6446

# Independent Auditor's Report

To the Plan Administrator of the DNV (U.S.A.), Inc. 401(k) Plan:

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the DNV (U.S.A.), Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2013 and 2012, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2013, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

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

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note F, which was certified by Fidelity Management Trust Company, the trustee of the Plan through December 31, 2013, and Vanguard Fiduciary Trust Company, the trustee of the Plan effective December 31, 2013, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustees as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustees is complete and accurate.

## Disclaimer of Opinion

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

**Other Matter – Supplemental Schedule**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2013 is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

**Other Matter – Plan Merger**

As discussed in Note I, effective July 1, 2013, the Two Tomorrows, Inc. 401(k) Profit Sharing Plan was merged with and into the DNV (U.S.A.), Inc. 401(k) Plan and ceased to exist as a separate plan on that date.

As further discussed in Note I, effective December 31, 2013, the Kema 401(k) Plan and the Kema Powertest 401(k) Plan were merged with and into the DNV (U.S.A.), Inc. 401(k) Plan and ceased to exist as separate plans on that date.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Kingston, NH
December 30, 2014

DNV (U.S.A.), INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2013 and 2012

| | 2013 | 2012 |
|---|---|---|
| Investments, at fair value: | | |
| Mutual funds | $ 155,956,361 | $ 79,182,816 |
| Self directed brokerage account | 6,886,578 | 2,689,358 |
| Total investments | 162,842,939 | 81,872,174 |
| Receivables: | | |
| Notes receivable from participants | 1,731,618 | 1,069,098 |
| Employer contributions | 1,805 | - |
| Total receivables | 1,733,423 | 1,069,098 |
| Other liabilities | 9,777 | - |
| Net assets available for plan benefits at fair value | $ 164,566,585 | $ 82,941,272 |

The accompanying notes are an integral part of the financial statements.

DNV (U.S.A.), INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the year ended December 31, 2013

| | 2013 |
|---|---|
| Additions: | |
| Participant contributions | $ 6,706,283 |
| Rollover contributions | 486,260 |
| Employer contributions | 3,776,137 |
| Net appreciation in fair value of investments | 12,367,766 |
| Dividend and interest income | 3,419,907 |
| Total additions | 26,756,353 |
| Deductions: | |
| Distributions to participants | 15,794,867 |
| Administrative expenses | 84,505 |
| Total deductions | 15,879,372 |
| Net increase | 10,876,981 |
| Transfer from the Kema 401(k) Plan | 66,893,464 |
| Transfer from the Kema Powertest 401(k) Plan | 3,798,515 |
| Transfer from the Two Tomorrows, Inc. 401(k) Profit Sharing Plan | 56,353 |
| Net assets available for plan benefits, beginning of year | 82,941,272 |
| Net assets available for plan benefits, end of year | $ 164,566,585 |

The accompanying notes are an integral part of the financial statements.

A. PLAN DESCRIPTION:

The following description of the DNV (U.S.A.), Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan document for more detailed information.

General

The Plan is a defined contribution plan covering employees of Det Norske Veritas (U.S.A.), Inc. and certain participating affiliated companies as listed in the plan document (collectively the "Company"). The Plan covers substantially all employees of the Company, except those part of a collective bargaining agreement and those transferred employees who maintain participation in another plan. Employees must have completed six months of service to be eligible for employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective July 1, 2013, the Two Tomorrows, Inc. 401(k) Profit Sharing Plan merged into the Plan and ceased to exist as a separate plan on that date. On December 31, 2013, the Kema 401(k) Plan and Kema Powertest 401(k) Plan were merged with and into the Plan and ceased to exist as separate plans on that date. All employees of the Two Tomorrows, Inc. 401(k) Profit Sharing Plan, the Kema 401(k) Plan and the Kema Powertest 401(k) Plan were immediately eligible to make contributions. See Note I.

Contributions

Contributions to the Plan may be made by both participating employees and the Company. Participants may make pre-tax or after-tax Roth contributions to the Plan at a rate not to exceed 60% of compensation. Upon the attainment of age 50, participants may also make an additional catch up contribution. Prior to December 31, 2013, unless an employee opts out, eligible employees are automatically enrolled in the Plan at a salary deferral rate of 3%. Effective December 31, 2013, unless an employee opts out, eligible employees are automatically enrolled in the Plan at a salary deferral rate of 4%. The Plan provides for automatic increases of 1% each year in the automatic enrollment deferral rate up to a maximum of 8%. Participants may also contribute funds from another qualified retirement plan ("rollover contributions"), subject to certain requirements.

The Company makes non-discretionary matching contributions of 50% of the first 8% of eligible participants' contributions, for a maximum match of 4% of eligible compensation. The Company also makes non-elective contributions of 2% of eligible compensation to all eligible participants. The Company may also make additional discretionary non-elective contributions. No additional discretionary contributions were made to the Plan for 2013.

Participant Accounts

Each participant's account is credited with the participant's contributions, the participant's allocation of the Company's contributions, and the participant's proportional allocation of the Plan's earnings, including realized and unrealized gains and losses, and expenses. Participants determine the percentage in which contributions are to be invested in each fund. Participants may change their investment options as set forth in the plan document.

Vesting

Participants are fully vested in that portion of their account which represents their contributions and the income earned thereon. Participants become 100% vested in the Company matching contributions, Company non-elective contributions, and earnings thereon upon death, total and permanent disability, or attainment of normal retirement age. Otherwise, prior to December 31, 2013, a participant's interest in the Company's matching contributions, Company non-elective contributions, and earnings thereon vests according to the following schedule:

| Completed Years of Service | Percent Vested |
|---|---|
| 1 | 20% |
| 2 | 40% |
| 3 | 60% |
| 4 | 80% |
| 5 | 100% |

Effective December 31, 2013 a participant's interest in the company's matching contributions, Company non-elective contributions, and earnings thereon vests according to the following schedule.

| Completed Years of Service | Percent Vested |
|---|---|
| 1 | 25% |
| 2 | 50% |
| 3 | 100% |

Fixed match contributions and earnings thereon made to former participants of the TUV SUD America, Inc. 401(k) Savings Plan and DNV-GEC matching contributions and earnings thereon made to former participants, while participants, of the DNV Global Energy Concepts Inc. 401(k) Plan vest over a four year period, as specified in the plan document.

Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of a participant's account represents a forfeiture, as defined by the Plan. Forfeitures are to be used to pay Plan expenses or reduce future employer contributions. During 2013, $69,805 of forfeitures were used to pay plan expenses. There were unallocated forfeitures of $543,817 and $162,455 at December 31, 2013 and 2012, respectively.

Revenue Credit

The participant revenue credit was established to reimburse participants for a portion of the fees charged by mutual funds. The reimbursement amount is deposited into the plan expense account on a quarterly basis and is then allocated to eligible participants each quarter. During 2013, $43,750 was reimbursed to the participants. There were no unallocated revenue credits at December 31, 2013 and 2012.

Distribution of Benefits

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Benefits may be distributed to participants upon termination of employment by reason of retirement, disability, death or other separation from service. Participants who terminate employment and have a vested account balance of less than $1,000 will receive a lump sum distribution of 100% of their vested benefits. Participants who have a vested account balance in excess of $1,000 may leave their funds invested in the Plan or may elect a lump sum distribution.

A participant may also request a withdrawal upon attainment of age $59^1/_2$ or upon demonstration by the participant to the plan administrator that the participant is suffering from "hardship". Hardship is defined in applicable regulations promulgated or to be promulgated pursuant to Section 401(k) of the Internal Revenue Code or standards established by the Secretary of the Treasury or his delegate.

Notes Receivable from Participants

A participant may borrow an amount, not less than $1,000, up to the lesser of $50,000 or 50% of the participant's vested account balance, subject to plan limitations. The loans must bear a reasonable rate of interest. Loans are collateralized by the participant's nonforfeitable interest in the Plan and are supported by a promissory note. Loans must be repaid over a period not to exceed five years unless the loan proceeds are used for the purchase of a primary residence, in which case a longer repayment period is allowed. A participant may not have more than one loan outstanding at any one time. Participant loans are valued at the unpaid principal balance plus any accrued but unpaid interest and categorized as notes receivable from participants on the statements of net assets available for plan benefits. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting.

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 on the measurement date. See Note D for discussion of fair value measurements.

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.

Plan Expenses

Expenses related to the management of the Plan's investments and investment transactions and record keeping fees are paid by the Company. Certain investment transaction fees and transaction service fees are paid by the Plan.

Use of Estimates

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

Risks and Uncertainties

The Plan provides investment options which may invest in any combination of stocks, bonds, fixed income securities, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

C. INVESTMENTS:

The following represents the Plan's investments as of December 31, 2013 or 2012 that represented 5% or more of the net assets available for plan benefits:

| | 2013 | | 2012 | |
|---|---|---|---|---|
| Fidelity Diversified International Fund | $ - | | $ 5,263,089 | * |
| Fidelity Mid-Cap Stock Fund | - | | 4,275,605 | * |
| Fidelity Freedom 2020 Fund | - | | 5,591,388 | * |
| Fidelity Retirement Money Market Fund | - | | 8,064,295 | * |
| Spartan US Bond Index Fund | - | | 7,295,967 | * |
| Fidelity Strategic Income Fund | 3,301,466 | | 4,598,324 | * |
| Fidelity Contrafund | 10,925,503 | * | 3,841,937 | |
| Vanguard Prime Money Market Fund | 10,820,785 | * | - | |
| Vanguard Target Retirement 2020 Fund | 10,970,661 | * | - | |
| Neuberger Berman Mid Cap Fund | 10,599,961 | * | - | |

* Represents 5% or more of net assets available for plan benefits.

Net appreciation in fair value of investments for the year ended December 31, 2013, by investment type, is as follows:

| | |
|---|---|
| Mutual funds | $ 12,075,305 |
| Self-directed brokerage account: | |
| Mutual funds | 120,519 |
| Exchange traded funds | 62,105 |
| Common stocks | 109,837 |
| Total net appreciation | $ 12,367,766 |

D. FAIR VALUE MEASUREMENTS:

Accounting standards establish a framework for measuring fair value. That framework sets forth a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below.

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

*Level 2* - Inputs to the valuation methodology are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

*Level 3* - Inputs to the valuation methodology are unobservable and supported by little or no market activity and are significant to the fair value of the assets or liabilities.

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.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2013 and 2012.

*Mutual funds* – Valued at the net asset value of the shares held by the Plan at year end as determined by quoted market prices.

*Self-directed brokerage* –- Mutual funds, common stocks, exchange traded funds, and unit investment trusts are valued at the net asset value of the shares held by the Plan at year end as determined by quoted market prices. Certificates of deposit are valued as determined by pricing vendors using observable inputs.

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

The following tables set forth by level and by investment class, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

| | 2013 | | | |
|---|---|---|---|---|
| Description | Total | Level 1 | Level 2 | Level 3 |
| Mutual funds: | | | | |
| Blend | $ 27,581,429 | $ 27,581,429 | $ - | $ - |
| Bond | 11,623,122 | 11,623,122 | - | - |
| Growth | 35,028,766 | 35,028,766 | - | - |
| International | 4,276,189 | 4,276,189 | - | - |
| Money Market | 10,820,785 | 10,820,785 | - | - |
| Target Date | 52,372,758 | 52,372,758 | - | - |
| Value | 14,253,312 | 14,253,312 | - | - |
| Total mutual funds | 155,956,361 | 155,956,361 | - | - |
| Self directed brokerage account: | | | | |
| Mutual funds: | | | | |
| Blend | 873,247 | 873,247 | - | - |
| Bond | 226,331 | 226,331 | - | - |
| Emerging Markets | 66,410 | 66,410 | - | - |
| Growth | 614,813 | 614,813 | - | - |
| Intermediate Government | 293,365 | 293,365 | - | - |
| International | 145,978 | 145,978 | - | - |
| Money Market | 1,295,819 | 1,295,819 | - | - |
| Real Estate | 25,214 | 25,214 | - | - |
| Short Government | 112,660 | 112,660 | - | - |
| Value | 668,515 | 668,515 | - | - |
| Miscellaneous | 61,834 | 61,834 | - | - |
| Total mutual funds | 4,384,186 | 4,384,186 | - | - |
| Exchange traded funds: | | | | |
| Consumer Cyclical | 14,256 | 14,256 | - | - |
| Energy | 54,960 | 54,960 | - | - |
| Healthcare | 17,672 | 17,672 | - | - |
| Industrial | 20,188 | 20,188 | - | - |
| Miscellaneous | 307,897 | 307,897 | - | - |
| Moderate Allocation | 13,105 | 13,105 | - | - |
| Natural Resources | 2,794 | 2,794 | - | - |
| Precious Metals | 306,569 | 306,569 | - | - |
| Total exchange traded funds | 737,441 | 737,441 | - | - |

| | 2013 (continued) | | | |
|---|---|---|---|---|
| Description | Total | Level 1 | Level 2 | Level 3 |
| Common stocks: | | | | |
| Basic Materials | 528,694 | 528,694 | - | - |
| Consumer Cyclical | 251,636 | 251,636 | - | - |
| Energy | 119,296 | 119,296 | - | - |
| Financial Services | 276,308 | 276,308 | - | - |
| Industrial | 13,712 | 13,712 | - | - |
| Technology | 356,592 | 356,592 | - | - |
| Commodity | 49,735 | 49,735 | - | - |
| Healthcare | 38,093 | 38,093 | - | - |
| Miscellaneous | 24,117 | 24,117 | - | - |
| Precious Metals | 20,169 | 20,169 | - | - |
| Total common stocks | 1,678,352 | 1,678,352 | - | - |
| Unit investment trusts | 45,588 | 45,588 | - | - |
| Certificates of deposit | 41,011 | - | 41,011 | - |
| Total self directed brokerage account | 6,886,578 | 6,845,567 | 41,011 | - |
| Total | $ 162,842,939 | $ 162,801,928 | $ 41,011 | $ - |

| | 2012 | | | |
|---|---|---|---|---|
| Description | Total | Level 1 | Level 2 | Level 3 |
| Mutual funds: | | | | |
| Blend | $ 7,639,925 | $ 7,639,925 | $ - | $ - |
| Foreign Large Blend | 5,263,089 | 5,263,089 | - | - |
| Growth | 17,811,847 | 17,811,847 | - | - |
| Intermediate Bond | 7,295,967 | 7,295,967 | - | - |
| Money Market | 8,064,295 | 8,064,295 | - | - |
| Multi-Sector Bond | 4,598,324 | 4,598,324 | - | - |
| Target Date | 23,161,553 | 23,161,553 | - | - |
| Value | 5,347,816 | 5,347,816 | - | - |
| Total mutual funds | 79,182,816 | 79,182,816 | - | - |
| Self directed brokerage account: | | | | |
| Mutual funds: | | | | |
| Blend | 93,738 | 93,738 | - | - |
| Bond | 119,988 | 119,988 | - | - |
| Emerging Markets | 35,170 | 35,170 | - | - |
| Foreign Large Blend | 9,870 | 9,870 | - | - |
| Growth | 231,482 | 231,482 | - | - |
| Intermediate Government | 127,011 | 127,011 | - | - |
| International | 1,964 | 1,964 | - | - |
| Miscellaneous | 15,766 | 15,766 | - | - |
| Money Market | 1,198,020 | 1,198,020 | - | - |
| Real Estate | 1,603 | 1,603 | - | - |
| Short Government | 20,092 | 20,092 | - | - |
| Value | 148,938 | 148,938 | - | - |
| Total mutual funds | 2,003,642 | 2,003,642 | - | - |
| Exchange traded funds: | | | | |
| Bond | 18,280 | 18,280 | - | - |
| Commodities | 134,713 | 134,713 | - | - |
| Emerging Markets | 1,907 | 1,907 | - | - |
| Miscellaneous | 6,304 | 6,304 | - | - |
| Miscellaneous Region | 14,163 | 14,163 | - | - |
| Moderate Allocation | 4,638 | 4,638 | - | - |
| Precious Metals | 4,546 | 4,546 | - | - |
| Value | 14,587 | 14,587 | - | - |
| Total exchange traded funds | 199,138 | 199,138 | - | - |

| | 2012 (continued) | | | |
|---|---|---|---|---|
| Description | Total | Level 1 | Level 2 | Level 3 |
| Common stocks: | | | | |
| Basic Materials | 5,394 | 5,394 | - | - |
| Commodities | 24,729 | 24,729 | - | - |
| Consumer Cyclical | 37,197 | 37,197 | - | - |
| Energy | 104,355 | 104,355 | - | - |
| Financial Services | 80,588 | 80,588 | - | - |
| Healthcare | 9,299 | 9,299 | - | - |
| Industrial | 15,168 | 15,168 | - | - |
| Miscellaneous | 13,536 | 13,536 | - | - |
| Real Estate | 13,059 | 13,059 | - | - |
| Technology | 81,077 | 81,077 | - | - |
| Utilities | 23,602 | 23,602 | - | - |
| Total common stocks | 408,004 | 408,004 | - | - |
| Unit investment trusts | 43,495 | 43,495 | - | - |
| Certificates of deposit | 35,079 | - | 35,079 | - |
| Total self directed brokerage account | 2,689,358 | 2,654,279 | 35,079 | - |
| Total | $ 81,872,174 | $ 81,837,095 | $ 35,079 | $ - |

E. TAX STATUS:

The Plan has adopted the volume submitter defined contribution plan document of Fidelity Management & Research Company. The volume submitter received a favorable opinion letter dated March 31, 2008 in which the Internal Revenue Service stated that the form of the volume submitter plan was in compliance with the applicable requirements of the IRC.

Effective December 31, 2013, the Plan adopted the volume submitter defined contribution plan document of Vanguard Fiduciary Trust Company. The volume submitter received a favorable opinion letter dated March 31, 2008 in which the Internal Revenue Service stated that the form of the volume submitter plan was in compliance with the applicable requirements of the IRC. The plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC, and that the related trust is therefore tax-exempt.

Accounting standards require recording uncertain income tax positions that exist in the Plan's financial statements. Plan management has determined there are no uncertain tax positions and believes there is no adjustment or disclosure required in the Plan's financial statements. The Plan did not recognize any interest and penalty expense for the year ended December 31, 2013. The Form 5500 remains subject to examination by the IRS for the years ended December 31, 2010 through December 31, 2013.

F. COMPLIANCE AND ERISA:

The plan administrator has elected the method of compliance permitted under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, no auditing procedures with respect to the information certified by Fidelity Management Trust Company, the trustee of the Plan through December 31, 2013, and Vanguard Fiduciary Trust Company, the trustee of the Plan effective December 31, 2013, were performed by the independent auditors except for comparing the information to the financial statements and supplemental schedule. The trustees have certified as to the completeness and accuracy of the investments (including notes receivable from participants) held by the Plan as of December 31, 2013 and 2012, the investment earnings and other investment-related transactions of the Plan for the year ended December 31, 2013, and the information contained in the Schedule of Assets (Held at End of Year).

The following financial information related to investments held by Fidelity Management Trust Company is included in the accompanying financial statements based on information provided by the custodians and certified as complete and accurate:

Statements of Net Assets Available for Plan Benefits-December 31:

| | 2013 | 2012 |
|---|---|---|
| Investments | $ - | $ 81,872,147 |
| Notes receivable from participants | - | 1,069,098 |

Statement of Changes in Net Assets Available for Plan Benefits-Year Ended December 31:

| | 2013 |
|---|---|
| Net appreciation in fair value of investments | $ 12,368,615 |
| Interest and dividends | 3,419,905 |

The following financial information related to investments held by Vanguard Fiduciary Trust Company is included in the accompanying financial statements based on information provided by the custodians and certified as complete and accurate:

Statements of Net Assets Available for Plan Benefits-December 31:

| | 2013 | 2012 |
|---|---|---|
| Investments | $ 66,303,376 | $ - |

G. PARTIES-IN-INTEREST:

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, loans to participants and transactions with investment funds managed and held by the trustee are considered party-in-interest transactions.

H. PLAN TERMINATION:

Although the Plan was established with the intention that it will continue indefinitely, the Company retains the right to discontinue its contributions at any time or to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

I. PLAN MERGERS:

Effective July 1, 2013, the Two Tomorrows, Inc. 401(k) Profit Sharing Plan (the "Two Tomorrows Plan"), was merged with and into the Plan and ceased to exist as a separate entity on that date.

Effective December 31, 2013, the Kema 401(k) Plan and the Kema Powertest 401(k) Plan were merged with and into the Plan and ceased to exist as separate entities on that date.

J. SUBSEQUENT EVENTS:

The Company has evaluated subsequent events through December 30, 2014, the date these financial statements were available for issuance.

The Company plans to merge four Plans from affiliated companies into the DNV (U.S.A.), Inc. 401(k) Plan effective December 31, 2014.

DNV (U.S.A), INC. 401(k) PLAN
EIN: 76-0187362
Plan Number: 002

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

| (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 |
|---|---|---|---|---|
| * | Fidelity Contrafund | Mutual fund | ** | $ 10,925,503 |
| * | Fidelity Low-Priced Stock Fund | " | ** | 5,044,323 |
| * | Vanguard Total Bond Market Index Fund | " | ** | 5,106,306 |
| * | Vanguard Prime Money Market Fund | " | ** | 10,820,785 |
| * | Fidelity Blue Chip Growth Fund | " | ** | 2,750,220 |
| * | Vanguard Institutional Index Fund | " | ** | 3,307,564 |
| * | Vanguard Target Retirement 2015 Fund | " | ** | 4,602,197 |
| * | Vanguard Target Retirement 2025 Fund | " | ** | 3,803,619 |
| * | Vanguard Target Retirement 2035 Fund | " | ** | 3,395,984 |
| * | Vanguard Target Retirement 2045 Fund | " | ** | 3,869,395 |
| * | Vanguard Target Retirement Income Fund | " | ** | 949,695 |
| * | Vanguard Growth Index Fund | " | ** | 1,382,198 |
| * | Vanguard Wellington Fund | " | ** | 6,142,342 |
| * | Vanguard Small-Cap Index Fund | " | ** | 1,234,800 |
| * | Vanguard Energy Fund | " | ** | 309,614 |
| * | Vanguard Equity Income Fund | " | ** | 4,434,392 |
| * | Vanguard Target Retirement 2010 Fund | " | ** | 3,079,788 |
| * | Vanguard Target Retirement 2020 Fund | " | ** | 10,970,661 |
| * | Vanguard Target Retirement 2030 Fund | " | ** | 7,845,262 |
| * | Vanguard Target Retirement 2040 Fund | " | ** | 8,146,444 |
| * | Vanguard Target Retirement 2050 Fund | " | ** | 5,184,670 |
| * | Vanguard Developing Markets Index Fund | " | ** | 6,851,481 |
| * | Vanguard Target Retirement 2055 Fund | " | ** | 524,323 |
| | Eagle Small Cap Growth Fund | " | ** | 1,061,975 |
| | American Century Mid Cap Value Fund | " | ** | 2,484,645 |
| | Neuberger Berman Mid Cap Fund | " | ** | 10,599,961 |
| * | Vanguard Mid Cap Index Fund | " | ** | 1,447,679 |
| * | Fidelity Strategic Income Fund | " | ** | 3,301,466 |
| | American Funds EuroPacific Growth Fund | " | ** | 371,592 |
| | Morgan Stanley Inst. Fund Trust Midcap Growth Fund | " | ** | 1,102,655 |
| | Neuberger Berman Genesis Fund | " | ** | 1,578,957 |
| | PIMCO Total Return Fund | " | ** | 1,242,155 |
| | Thornburg International Value Fund | " | ** | 461,653 |
| * | Vanguard 500 Index Fund | " | ** | 6,962,634 |
| * | Vanguard Dividend Growth Fund | " | ** | 2,423,334 |
| * | Vanguard Equity Income Fund | " | ** | 1,191,933 |
| * | Vanguard Intermediate-Term Treasury Fund | " | ** | 1,973,195 |
| * | Vanguard Morgan Growth Fund | " | ** | 5,627,297 |
| * | Vanguard Target Retirement 2060 Fund | " | ** | 720 |
| * | Vanguard Total International Stock Index Fund | " | ** | 322,215 |
| | William Blair International Growth Fund | " | ** | 3,120,729 |

DNV (U.S.A), INC. 401(k) PLAN
EIN: 76-0187362
Plan Number: 002

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

| (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 |
|---|---|---|---|---|
| * | VGI Brokerage Option | Self-directed brokerage account | ** | 6,886,578 |
| | Total investments on the statement of net assets available for plan benefits | | | 162,842,939 |
| * | Participant Loans | (4.25% - 9.50%) | - | 1,731,618 |
| | Total investments on the Form 5500 | | | $ 164,574,557 |

** Cost omitted for participant directed investments.
* Denotes party-in-interest to the Plan.