

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC. DISCRETIONARY PLAN AND TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/1981
2a Plan sponsor's name (employer, if for a single-employer plan): DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.
2b Employer Identification Number (EIN): 02-0273013
2c Plan Sponsor's telephone number: 603-223-1000
2d Business code (see instructions): 524140

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 Laurie Bienefeld dated 09/18/2025.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	299
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	215
	<b>6a(2)</b>	240
	<b>6b</b>	8
	<b>6c</b>	73
	<b>6d</b>	321
	<b>6e</b>	0
	<b>6f</b>	321
	<b>6g(1)</b>	292
	<b>6g(2)</b>	305
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC. DISCRETIONARY PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>02-0273013</b>	

**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

**FIDELITY INVESTMENTS INSTITUTIONAL**

**04-2647786**

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

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?
37 60 64 65	RECORDKEEPER	-63094	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(b) 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AM CENT EQUITY INC - AMERICAN CENT  44-0619208	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN MID CAP INV - SS&C GLOBAL      1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO REAL RTN BD AD - SS&C GLOBAL      1345 AVENUE OF THE AMERICAS NEW YORK, IA 10105	0.25%	

**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.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:







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

<b>A</b> Name of plan <b>DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC. DISCRETIONARY PLAN AND TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>02-0273013</b>	

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1959678	1535076
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	119445	78254
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	2399000	2116661
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	50259504	59393749
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	54737627	63123740
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	54737627	63123740

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1579170	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1964534	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	16351	
(2) Noncash contributions.....	<b>2a(2)</b>	0	3560055
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	85726	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	6996	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		92722
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2937691	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2937691
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	57153
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	5167938
<b>c</b> Other income .....	2c	0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	11815559

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	3492540
(2) To insurance carriers for the provision of benefits .....	2e(2)	0
(3) Other .....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	3492540
<b>f</b> Corrective distributions (see instructions) .....	2f	0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	0
<b>h</b> Interest expense .....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	0
(3) Recordkeeping fees .....	2i(3)	-63094
(4) IQPA audit fees .....	2i(4)	0
(5) Investment advisory and investment management fees .....	2i(5)	0
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	0
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses .....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	-63094
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	3429446

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	8386113
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	0
(2) From this plan .....	2l(2)	0

**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: **BAKER NEWMAN AND NOYES**

(2) EIN: **01-0494526**

**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
<b>a</b> 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>b</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	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

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

<b>A</b> Name of plan <u>DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC. DISCRETIONARY PLAN AND TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>02-0273013</u>	

<b>Part I</b>	<b>Distributions</b>
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**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..... 

<b>1</b>	
----------	--

**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..... 

<b>3</b>	
----------	--

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

**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.**

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

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

**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

<b>Part III</b>	<b>Amendments</b>
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**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

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

**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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

BAKER  
NEWMAN  
NOYES

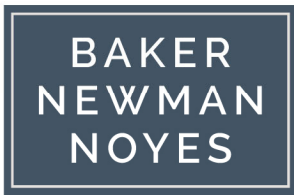
**Delta Dental Plan of New Hampshire, Inc.  
Discretionary Plan and Trust**

Financial Statements and Supplemental Schedule

*Years Ended December 31, 2024 and 2023  
With Independent Auditors' Report*

Baker Newman & Noyes LLC  
MAINE | MASSACHUSETTS | NEW HAMPSHIRE  
800.244.7444 | [www.bnn CPA.com](http://www.bnn CPA.com)





## INDEPENDENT AUDITORS' REPORT

Finance Committee and Plan Participants  
Delta Dental Plan of New Hampshire, Inc.  
Discretionary Plan and Trust

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

We have performed audits of the financial statements of the Delta Dental Plan of New Hampshire, Inc. Discretionary Plan and Trust (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) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 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 Auditors' 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 (U.S. GAAP).
- 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 Auditors' 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 U.S. GAAP, 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 within one year after the date that the financial statements are issued or 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.

## **Auditors' 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 auditors' 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 substantial 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.

Finance Committee and Plan Participants  
Delta Dental Plan of New Hampshire, Inc.  
Discretionary Plan and Trust

- 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 U.S. GAAP.

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 U.S. GAAP.

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 Schedule Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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).

*Baker Newman & Noyes LLC*  
Manchester, New Hampshire  
August 12, 2025

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value:		
Money market fund	\$ 1,535,076	\$ 1,959,678
Mutual funds	59,393,749	50,259,504
Collective trust fund	<u>2,116,661</u>	<u>2,543,815</u>
	63,045,486	54,762,997
Receivables:		
Employer contributions	1,437,902	1,579,170
Notes receivable from participants	<u>78,254</u>	<u>119,445</u>
Total receivables	<u>1,516,156</u>	<u>1,698,615</u>
Net assets available for benefits	<u>\$64,561,642</u>	<u>\$56,461,612</u>

See accompanying notes.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Changes to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 5,167,938	\$ 6,926,847
Interest and dividend income	<u>2,935,756</u>	<u>1,591,871</u>
	8,103,694	8,518,718
Interest income on notes receivable from participants	6,996	7,383
Contributions:		
Employee	1,964,534	1,785,339
Employer	1,437,901	1,579,258
Rollover	16,351	185,232
Other	<u>65,000</u>	<u>65,000</u>
	<u>3,483,786</u>	<u>3,614,829</u>
Total changes	11,594,476	12,140,930
Deductions from net assets attributed to:		
Benefit payments	3,492,540	3,019,319
Administrative expenses	<u>1,906</u>	<u>1,756</u>
Total deductions	<u>3,494,446</u>	<u>3,021,075</u>
Increase in net assets available for benefits	8,100,030	9,119,855
Net assets available for benefits, beginning of year	<u>56,461,612</u>	<u>47,341,757</u>
Net assets available for benefits, end of year	<u>\$64,561,642</u>	<u>\$ 56,461,612</u>

See accompanying notes.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**1. Plan Description**

The following description of the Delta Dental Plan of New Hampshire, Inc. Discretionary Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

*General*

The Plan is a defined contribution plan qualified under Section 401(a) and 401(k) of the U.S. Internal Revenue Code (the Code) covering eligible employees of Delta Dental Plan of New Hampshire, Inc. (the Company) and parties related through ownership, Combined Services, LLC d/b/a csONE Benefit Solutions (CSLLC) and PreViser Corporation (PreViser). Delta Dental Plan of New Hampshire, Inc., CSLLC and PreViser are collectively referred to herein as the Employer. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

On December 29, 2022, the *Setting Every Community Up for Retirement Enhancement Act of 2022* (SECURE Act) was signed into law. It includes mandatory and optional provisions impacting defined contribution plans. Applicable provisions outlined in the SECURE Act have been or will be adopted if elected and/or required.

Fidelity Management Trust Company (Fidelity) currently serves as the Trustee of the Plan.

*Eligibility*

All employees, as defined, who are at least 21 years of age, are eligible to participate in the Plan on the first day of the month following two months of completed service. The entry date is the first day of any month once eligibility is established. Employees initially become eligible for employer contributions after twelve months of service and 1,000 hours of service. Once an employee meets these eligibility requirements, the employee is eligible to participate in the Plan until termination of employment.

If an employee has not completed a salary deferral agreement by the time they become eligible to make salary deferrals, the Plan will automatically withhold 3% of compensation. Participants may execute a salary deferral agreement at any time to select an alternative deferral amount or elect not to defer under the Plan.

*Investment Options*

Participants are allowed to invest in a variety of investment choices as described in the Plan's literature. Participants may change their allocations at any time. The value of each participant's account is updated each business day to reflect contributions, exchanges, withdrawals and earnings or losses for each selected investment option.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**1. Plan Description (Continued)**

*Notes Receivable From Participants*

Plan participants are allowed to borrow a minimum of \$1,000 up to the lesser of \$50,000 or one half of the value of their accounts under the Plan. Notes must be repaid over a period not to exceed five years unless the proceeds are used for certain residential purposes. Notes receivable from participants bear interest commensurate with local prevailing rates, as determined by the Plan Administrator. Interest rates range from 5.25% to 7.50% with maturities through November 2029 at December 31, 2024 and 2023. Principal and interest are paid through payroll deductions.

*Employee Contributions*

Participants are allowed to make regular compensation deferral contributions, including Roth deferrals, as well as additional pretax deferral contributions in any whole percentage between 1% and 100% of eligible compensation. The annual limit for all deferral contributions is \$23,000 in 2024 and \$22,500 in 2023. Participants projected to be age 50 or older by the end of the calendar year can also make a catch-up contribution of up to \$7,500 in 2024 and 2023. Participants are also allowed to prospectively increase or decrease the contribution percentage effective as of the first day of any month.

*Employer Contributions*

The Plan provides a safe harbor non-elective employer contribution for each eligible participant equal to a minimum of 3% of eligible compensation. The safe harbor non-elective employer contribution totaled \$618,444 and \$579,602 for 2024 and 2023, respectively. At the discretion of the Board of Directors, the Company may elect to make a discretionary non-elective contribution in an amount determined annually. Participants must be employed on the last day of the Plan year to receive these non-elective contributions unless the participant retires at the early retirement age of 55 (for employees hired before September 23, 2009) or age 62 (for employees hired on or after September 23, 2009), or dies or becomes disabled during the Plan year. The Company approved discretionary non-elective contributions totaling \$819,457 and \$999,568 for 2024 and 2023, respectively.

*Rollover Contributions*

Rollover contributions are permitted under the Plan, subject to the approval of the Plan Administrator and the appropriate sections of the Code.

*Vesting*

Participants are immediately vested in their contributions as well as employer contributions.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**2. Summary of Significant Accounting Policies**

*Benefit Payments*

Upon retirement, termination of employment, age 59.5 or disability, participants may elect to receive the value of their account in the form of: a lump sum payment; a qualified joint and survivor annuity; a single life annuity; an installment benefit payment; or a direct rollover to another qualified plan which accepts direct rollovers or to an Individual Retirement Account. The Plan allows for the Company to immediately cash out participant balances up to \$1,000 upon termination of employment.

Effective October 1, 2024, the Plan provides for the following optional provisions within the SECURE Act:

- Increase in the mandatory cash-out threshold from \$1,000 to \$5,000, distributed to an Individual Retirement Account for the participant's benefit; and
- Allows self-certification of hardship withdrawals.

Effective January 1, 2025 the mandatory cash-out threshold increased to \$7,000. Effective March 25, 2025, the Plan adopted an auto portability feature in coordination with its recordkeeper and the Portability Services Network (PSN). Auto portability is designed to facilitate the automatic rollover of small account balances from a terminated participant's prior employer-sponsored retirement plan into their new employer's plan, provided that both plans participate in the PSN network.

Also included in the SECURE Act provisions was a required change to the age at which required minimum distributions must commence from 72 to 73 for individuals who attain age 72 on or after January 1, 2023 and from age 73 to 75 for individuals who attain age 73 on or after January 1, 2033.

*Administrative Expenses*

The Company pays certain administrative expenses of the Plan. Loan processing fees are deducted from Plan participant balances and mutual and collective trust fund management fees are paid through the Plan's investment returns.

*Basis of Accounting and Presentation*

The financial statements of the Plan are prepared under the accrual method of accounting.

*Management Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

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

*Risks and Uncertainties*

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

*Investment Valuation and Income Recognition*

Investments held by the Plan are stated at fair value. The Plan's investments in mutual funds and money market funds are stated at fair value based upon quoted market prices which represent the net asset value of shares held by the Plan. Investments in the collective trust fund are stated at estimated fair values, which have been determined based on the unit values of the trusts. Unit values are determined by the organization sponsoring such funds by dividing the fund's net assets based on the fair value of the underlying investments by its units outstanding at each valuation date. Certain employer-initiated events may reduce the reported value of the investments in the collective trust. Such events are not expected to be probable to occur and any adjustments would not be expected to be material to the Plan. See note 8 for further discussion and disclosures related to fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as changes in the fair value of investments held during the year.

*Notes Receivable From Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest, if material. Interest income on notes receivable from participants is recorded when it is earned on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceases to make loan repayments and the Plan Administrator deems the loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

*Contributions*

Contributions to the Plan are made by both participants and the Employer. Participant contributions are recorded in the period in which payroll deductions are made. Employer contributions are recorded in the year of related eligible participant service.

*Payment of Benefits*

Benefits are recorded when paid.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

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

*Subsequent Events*

Events occurring after the statement of net assets available for benefits date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through August 12, 2025, which is the date the financial statements were available to be issued.

**3. Information Certified by Fidelity Management Trust Company**

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the Trustee, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule. The Plan Administrator has obtained certifications from the Trustee stating that the information provided to the Plan Administrator by the Trustee is complete and accurate. Such information includes investments, net appreciation in fair value of investments, interest and dividend income, investment transactions, notes receivable from participants, interest income on notes receivable from participants and notes receivable transactions.

The Plan's investment in the Fidelity Investments Managed Income Portfolio Fund is a collective investment fund which invests in short-term bonds and other fixed income securities such as U.S. Treasury bonds, government agency securities, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities and derivative instruments, including futures, options, swaps and wrap contracts. This fund strives to preserve principal while earning a level of interest income consistent with principal preservation and to maintain a stable net asset value of \$1.00 per unit. The Plan Trustee has certified the net asset value as reported in the statements of net assets available for benefits as of December 31, 2024 and 2023.

**4. Tax Status**

The Plan is based on a Fidelity Volume Submitter Plan for which the Internal Revenue Service (IRS) issued an opinion letter dated, June 30, 2020, stating that the Plan was designed in accordance with applicable IRS requirements. The Plan has been amended since that date. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the Code. Therefore, the Plan Administrator believes the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**4. Tax Status (Continued)**

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the United States federal, state, or local tax authorities. Management evaluated the Plan's tax positions and concluded that the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that require adjustment to or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**5. Party-In-Interest Transactions**

The Plan's investments are managed by Fidelity Investments. Fidelity Management Trust Company and Fidelity Investment Institutional Operations Company, Inc., which are part of the Fidelity Investments organization, serve as the Plan's Trustee and recordkeeper, respectively. Therefore, transactions involving the Plan's investments in the Fidelity Investments Retirement Government Money Market Fund, Fidelity Investments mutual funds and the Managed Income Portfolio Fund qualify as exempt party-in-interest.

Pursuant to a Fidelity Investments Retirement Plan Service Agreement (Service Agreement), investment fund related revenue received by Fidelity Investments typically includes Rule 12b-1 fees paid by the fund or the fund's affiliates. This revenue is used to offset certain amounts owed to Fidelity Investments for its administrative services to the Plan. If the revenue received by Fidelity Investments exceeds the amount owed under the Service Agreement, the excess is allocated to Plan participants as a fee adjustment. If the revenue received by Fidelity Investments is less than the amount owed under the Service Agreement, the excess expense is allocated to Plan participants as a fee adjustment. Revenue pursuant to the Service Agreement is reported as other contributions in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

The Plan paid certain direct fees to Fidelity Investments, which are recorded in administrative expenses in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

Notes receivable from participants also qualify as exempt party-in-interest transactions as defined by ERISA.

**6. Plan Termination**

Although it has not expressed any intent 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 of ERISA.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**7. Reconciliation of the Financial Statements to Form 5500**

The following is a reconciliation of the financial statements to Form 5500 as of and for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$64,561,642	\$ 56,461,612
Employer contributions receivable at year end	(1,437,902)	(1,579,170)
Difference in value reported for collective trust fund	<u>—</u>	<u>(144,815)</u>
Net assets available for benefits per Form 5500	<u>\$63,123,740</u>	<u>\$ 54,737,627</u>
	<u>2024</u>	<u>2023</u>
Increase in net assets available for benefits per the financial statements	\$ 8,100,030	\$ 9,119,855
Employer contributions receivable at year end	(1,437,902)	(1,579,170)
Employer contributions receivable at prior year end	1,579,170	1,513,774
Difference in value reported for collective trust fund	—	(144,815)
Difference in value reported for collective trust fund at prior year end	<u>144,815</u>	<u>193,763</u>
Net income per Form 5500	<u>\$ 8,386,113</u>	<u>\$ 9,103,407</u>

Notes receivable from participants are reflected as a receivable on the financial statements which is different from the Form 5500 presentation. On Form 5500, notes receivable are classified as investments under the caption “participant loans.”

**8. Fair Value Measurements**

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

The fair value hierarchy for valuation inputs prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

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 method include:

- Quoted prices for similar assets or liabilities in active markets;

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**8. Fair Value Measurements (Continued)**

- 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's 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.

There have been no changes in the methodologies used at December 31, 2024 and 2023.

The collective trust funds do not have finite lives, unfunded commitments, or significant restrictions on redemptions.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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. There are no restrictions on the sale of any of these investments.

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:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2024</u>				
Money market fund	\$ 1,535,076	\$ –	\$ –	\$ 1,535,076
Mutual funds	<u>59,393,749</u>	<u>–</u>	<u>–</u>	<u>59,393,749</u>
Total assets in the fair value hierarchy	<u>\$60,928,825</u>	<u>\$ –</u>	<u>\$ –</u>	60,928,825
Collective trust fund measured at net asset value <sup>(a)</sup>				<u>2,116,661</u>
Total investments				<u>\$63,045,486</u>

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**8. Fair Value Measurements (Continued)**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2023</u>				
Money market fund	\$ 1,959,678	\$ –	\$ –	\$ 1,959,678
Mutual funds	<u>50,259,504</u>	<u>–</u>	<u>–</u>	<u>50,259,504</u>
Total assets in the fair value hierarchy	<u>\$52,219,182</u>	<u>\$ –</u>	<u>\$ –</u>	52,219,182
Collective trust fund measured at net asset value <sup>(a)</sup>				<u>2,543,815</u>
Total investments				<u>\$54,762,997</u>

<sup>(a)</sup> In accordance with Accounting Standards Update 2015-12, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

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

EIN #02-0273013

Plan #001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	(c) Description of Investment, Including Maturity Date, Rate of Interest, <u>Collateral, Par or Maturity Values</u>	(d) <u>Cost</u> <sup>(1)</sup>	(e) <u>Current Value</u>
	Money Market Fund:			
*	Fidelity Investments	Retirement Government Money Market Fund	\$ –	\$ 1,535,076
	Mutual Funds:			
*	Fidelity Investments	Investment Grade Bond Fund	–	1,353,682
*	Fidelity Investments	Blue Chip Growth Fund	–	3,440,971
*	Fidelity Investments	Contrafund	–	1,089,565
*	Fidelity Investments	Growth Company Fund	–	7,310,174
*	Fidelity Investments	International Discovery Fund	–	1,126,881
*	Fidelity Investments	Low-Priced Stock Fund	–	1,348,570
*	Fidelity Investments	Mid-Cap Stock Fund	–	1,598,066
*	Fidelity Investments	Puritan Fund	–	2,116,272
*	Fidelity Investments	Value Fund	–	769,981
*	Fidelity Investments	US Bonds Index Fund	–	501,392
*	Fidelity Investments	500 Index Fund	–	3,734,806
*	Fidelity Investments	Emerging Markets Index Fund	–	274,593
*	Fidelity Investments	Real Estate Index Fund	–	96,784
*	Fidelity Investments	Small Cap Index Fund	–	806,107
*	Fidelity Investments	International Index Fund	–	570,170
*	Fidelity Investments	Extended Markets Index Fund	–	714,877
*	Fidelity Investments	Freedom Income Class K Fund	–	13,951
*	Fidelity Investments	Freedom 2005 K Fund	–	2,314
*	Fidelity Investments	Freedom 2010 K Fund	–	375,867
*	Fidelity Investments	Freedom 2015 K Fund	–	110,830
*	Fidelity Investments	Freedom 2020 K Fund	–	4,802,287
*	Fidelity Investments	Freedom 2025 K Fund	–	4,224,024
*	Fidelity Investments	Freedom 2030 K Fund	–	5,332,689
*	Fidelity Investments	Freedom 2035 K Fund	–	4,798,221
*	Fidelity Investments	Freedom 2040 K Fund	–	5,321,851
*	Fidelity Investments	Freedom 2045 K Fund	–	2,326,300
*	Fidelity Investments	Freedom 2050 K Fund	–	974,494
*	Fidelity Investments	Freedom 2055 K Fund	–	1,257,238
*	Fidelity Investments	Freedom 2060 K Fund	–	160,169
*	Fidelity Investments	Freedom 2065 K Fund	–	1,804
	American Century	Equity Income Fund	–	1,478,671
	Artisan International	Mid-Cap Investment Fund	–	598,391
	BlackRock	BlackRock Sustainable Balance K	–	48,347
	Calvert	Calvert Bond Fund Class R6	–	59,019
	Calvert	Calbert International Responsible IDX R6	–	195,260

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

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

EIN #02-0273013  
Plan #001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	(c) Description of Investment, Including Maturity Date, Rate of Interest, <u>Collateral, Par or Maturity Values</u>	(d) <u>Cost</u> <sup>(1)</sup>	(e) <u>Current Value</u>
	PIMCO	Real Return Fund	\$ –	\$ 315,636
	PGIM	Global Return Fund Class R6	–	<u>143,495</u>
				59,393,749
*	Collective Trust Fund: Fidelity Investments	Managed Income Portfolio Fund	–	2,116,661
*	Participant loans	Interest at various rates, 5.25% – 7.50%	–	<u>78,254</u>
				<u>\$63,123,740</u>

\* Represents a party-in-interest to the Plan

<sup>(1)</sup> Cost information is not required for participant-directed investments.

The above information has been certified by Fidelity Management Trust Company, the Trustee, as complete and accurate.

BAKER  
NEWMAN  
NOYES

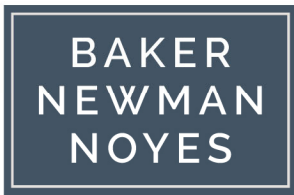
# **Delta Dental Plan of New Hampshire, Inc. Discretionary Plan and Trust**

Financial Statements and Supplemental Schedule

*Years Ended December 31, 2024 and 2023  
With Independent Auditors' Report*

Baker Newman & Noyes LLC  
MAINE | MASSACHUSETTS | NEW HAMPSHIRE  
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## INDEPENDENT AUDITORS' REPORT

Finance Committee and Plan Participants  
Delta Dental Plan of New Hampshire, Inc.  
Discretionary Plan and Trust

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

We have performed audits of the financial statements of the Delta Dental Plan of New Hampshire, Inc. Discretionary Plan and Trust (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) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 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 Auditors' 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 (U.S. GAAP).
- 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 Auditors' 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 U.S. GAAP, 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 within one year after the date that the financial statements are issued or 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.

## **Auditors' 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 auditors' 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 substantial 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.

Finance Committee and Plan Participants  
Delta Dental Plan of New Hampshire, Inc.  
Discretionary Plan and Trust

- 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 U.S. GAAP.

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 U.S. GAAP.

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 Schedule Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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).

*Baker Newman & Noyes LLC*  
Manchester, New Hampshire  
August 12, 2025

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value:		
Money market fund	\$ 1,535,076	\$ 1,959,678
Mutual funds	59,393,749	50,259,504
Collective trust fund	<u>2,116,661</u>	<u>2,543,815</u>
	63,045,486	54,762,997
Receivables:		
Employer contributions	1,437,902	1,579,170
Notes receivable from participants	<u>78,254</u>	<u>119,445</u>
Total receivables	<u>1,516,156</u>	<u>1,698,615</u>
Net assets available for benefits	<u>\$64,561,642</u>	<u>\$56,461,612</u>

See accompanying notes.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Changes to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 5,167,938	\$ 6,926,847
Interest and dividend income	<u>2,935,756</u>	<u>1,591,871</u>
	8,103,694	8,518,718
Interest income on notes receivable from participants	6,996	7,383
Contributions:		
Employee	1,964,534	1,785,339
Employer	1,437,901	1,579,258
Rollover	16,351	185,232
Other	<u>65,000</u>	<u>65,000</u>
	<u>3,483,786</u>	<u>3,614,829</u>
Total changes	11,594,476	12,140,930
Deductions from net assets attributed to:		
Benefit payments	3,492,540	3,019,319
Administrative expenses	<u>1,906</u>	<u>1,756</u>
Total deductions	<u>3,494,446</u>	<u>3,021,075</u>
Increase in net assets available for benefits	8,100,030	9,119,855
Net assets available for benefits, beginning of year	<u>56,461,612</u>	<u>47,341,757</u>
Net assets available for benefits, end of year	<u>\$64,561,642</u>	<u>\$ 56,461,612</u>

See accompanying notes.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**1. Plan Description**

The following description of the Delta Dental Plan of New Hampshire, Inc. Discretionary Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

*General*

The Plan is a defined contribution plan qualified under Section 401(a) and 401(k) of the U.S. Internal Revenue Code (the Code) covering eligible employees of Delta Dental Plan of New Hampshire, Inc. (the Company) and parties related through ownership, Combined Services, LLC d/b/a csONE Benefit Solutions (CSLLC) and PreViser Corporation (PreViser). Delta Dental Plan of New Hampshire, Inc., CSLLC and PreViser are collectively referred to herein as the Employer. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

On December 29, 2022, the *Setting Every Community Up for Retirement Enhancement Act of 2022* (SECURE Act) was signed into law. It includes mandatory and optional provisions impacting defined contribution plans. Applicable provisions outlined in the SECURE Act have been or will be adopted if elected and/or required.

Fidelity Management Trust Company (Fidelity) currently serves as the Trustee of the Plan.

*Eligibility*

All employees, as defined, who are at least 21 years of age, are eligible to participate in the Plan on the first day of the month following two months of completed service. The entry date is the first day of any month once eligibility is established. Employees initially become eligible for employer contributions after twelve months of service and 1,000 hours of service. Once an employee meets these eligibility requirements, the employee is eligible to participate in the Plan until termination of employment.

If an employee has not completed a salary deferral agreement by the time they become eligible to make salary deferrals, the Plan will automatically withhold 3% of compensation. Participants may execute a salary deferral agreement at any time to select an alternative deferral amount or elect not to defer under the Plan.

*Investment Options*

Participants are allowed to invest in a variety of investment choices as described in the Plan's literature. Participants may change their allocations at any time. The value of each participant's account is updated each business day to reflect contributions, exchanges, withdrawals and earnings or losses for each selected investment option.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**1. Plan Description (Continued)**

*Notes Receivable From Participants*

Plan participants are allowed to borrow a minimum of \$1,000 up to the lesser of \$50,000 or one half of the value of their accounts under the Plan. Notes must be repaid over a period not to exceed five years unless the proceeds are used for certain residential purposes. Notes receivable from participants bear interest commensurate with local prevailing rates, as determined by the Plan Administrator. Interest rates range from 5.25% to 7.50% with maturities through November 2029 at December 31, 2024 and 2023. Principal and interest are paid through payroll deductions.

*Employee Contributions*

Participants are allowed to make regular compensation deferral contributions, including Roth deferrals, as well as additional pretax deferral contributions in any whole percentage between 1% and 100% of eligible compensation. The annual limit for all deferral contributions is \$23,000 in 2024 and \$22,500 in 2023. Participants projected to be age 50 or older by the end of the calendar year can also make a catch-up contribution of up to \$7,500 in 2024 and 2023. Participants are also allowed to prospectively increase or decrease the contribution percentage effective as of the first day of any month.

*Employer Contributions*

The Plan provides a safe harbor non-elective employer contribution for each eligible participant equal to a minimum of 3% of eligible compensation. The safe harbor non-elective employer contribution totaled \$618,444 and \$579,602 for 2024 and 2023, respectively. At the discretion of the Board of Directors, the Company may elect to make a discretionary non-elective contribution in an amount determined annually. Participants must be employed on the last day of the Plan year to receive these non-elective contributions unless the participant retires at the early retirement age of 55 (for employees hired before September 23, 2009) or age 62 (for employees hired on or after September 23, 2009), or dies or becomes disabled during the Plan year. The Company approved discretionary non-elective contributions totaling \$819,457 and \$999,568 for 2024 and 2023, respectively.

*Rollover Contributions*

Rollover contributions are permitted under the Plan, subject to the approval of the Plan Administrator and the appropriate sections of the Code.

*Vesting*

Participants are immediately vested in their contributions as well as employer contributions.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**2. Summary of Significant Accounting Policies**

*Benefit Payments*

Upon retirement, termination of employment, age 59.5 or disability, participants may elect to receive the value of their account in the form of: a lump sum payment; a qualified joint and survivor annuity; a single life annuity; an installment benefit payment; or a direct rollover to another qualified plan which accepts direct rollovers or to an Individual Retirement Account. The Plan allows for the Company to immediately cash out participant balances up to \$1,000 upon termination of employment.

Effective October 1, 2024, the Plan provides for the following optional provisions within the SECURE Act:

- Increase in the mandatory cash-out threshold from \$1,000 to \$5,000, distributed to an Individual Retirement Account for the participant's benefit; and
- Allows self-certification of hardship withdrawals.

Effective January 1, 2025 the mandatory cash-out threshold increased to \$7,000. Effective March 25, 2025, the Plan adopted an auto portability feature in coordination with its recordkeeper and the Portability Services Network (PSN). Auto portability is designed to facilitate the automatic rollover of small account balances from a terminated participant's prior employer-sponsored retirement plan into their new employer's plan, provided that both plans participate in the PSN network.

Also included in the SECURE Act provisions was a required change to the age at which required minimum distributions must commence from 72 to 73 for individuals who attain age 72 on or after January 1, 2023 and from age 73 to 75 for individuals who attain age 73 on or after January 1, 2033.

*Administrative Expenses*

The Company pays certain administrative expenses of the Plan. Loan processing fees are deducted from Plan participant balances and mutual and collective trust fund management fees are paid through the Plan's investment returns.

*Basis of Accounting and Presentation*

The financial statements of the Plan are prepared under the accrual method of accounting.

*Management Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

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

*Risks and Uncertainties*

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

*Investment Valuation and Income Recognition*

Investments held by the Plan are stated at fair value. The Plan's investments in mutual funds and money market funds are stated at fair value based upon quoted market prices which represent the net asset value of shares held by the Plan. Investments in the collective trust fund are stated at estimated fair values, which have been determined based on the unit values of the trusts. Unit values are determined by the organization sponsoring such funds by dividing the fund's net assets based on the fair value of the underlying investments by its units outstanding at each valuation date. Certain employer-initiated events may reduce the reported value of the investments in the collective trust. Such events are not expected to be probable to occur and any adjustments would not be expected to be material to the Plan. See note 8 for further discussion and disclosures related to fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as changes in the fair value of investments held during the year.

*Notes Receivable From Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest, if material. Interest income on notes receivable from participants is recorded when it is earned on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceases to make loan repayments and the Plan Administrator deems the loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

*Contributions*

Contributions to the Plan are made by both participants and the Employer. Participant contributions are recorded in the period in which payroll deductions are made. Employer contributions are recorded in the year of related eligible participant service.

*Payment of Benefits*

Benefits are recorded when paid.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

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

*Subsequent Events*

Events occurring after the statement of net assets available for benefits date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through August 12, 2025, which is the date the financial statements were available to be issued.

**3. Information Certified by Fidelity Management Trust Company**

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the Trustee, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule. The Plan Administrator has obtained certifications from the Trustee stating that the information provided to the Plan Administrator by the Trustee is complete and accurate. Such information includes investments, net appreciation in fair value of investments, interest and dividend income, investment transactions, notes receivable from participants, interest income on notes receivable from participants and notes receivable transactions.

The Plan's investment in the Fidelity Investments Managed Income Portfolio Fund is a collective investment fund which invests in short-term bonds and other fixed income securities such as U.S. Treasury bonds, government agency securities, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities and derivative instruments, including futures, options, swaps and wrap contracts. This fund strives to preserve principal while earning a level of interest income consistent with principal preservation and to maintain a stable net asset value of \$1.00 per unit. The Plan Trustee has certified the net asset value as reported in the statements of net assets available for benefits as of December 31, 2024 and 2023.

**4. Tax Status**

The Plan is based on a Fidelity Volume Submitter Plan for which the Internal Revenue Service (IRS) issued an opinion letter dated, June 30, 2020, stating that the Plan was designed in accordance with applicable IRS requirements. The Plan has been amended since that date. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the Code. Therefore, the Plan Administrator believes the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**4. Tax Status (Continued)**

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the United States federal, state, or local tax authorities. Management evaluated the Plan's tax positions and concluded that the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that require adjustment to or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**5. Party-In-Interest Transactions**

The Plan's investments are managed by Fidelity Investments. Fidelity Management Trust Company and Fidelity Investment Institutional Operations Company, Inc., which are part of the Fidelity Investments organization, serve as the Plan's Trustee and recordkeeper, respectively. Therefore, transactions involving the Plan's investments in the Fidelity Investments Retirement Government Money Market Fund, Fidelity Investments mutual funds and the Managed Income Portfolio Fund qualify as exempt party-in-interest.

Pursuant to a Fidelity Investments Retirement Plan Service Agreement (Service Agreement), investment fund related revenue received by Fidelity Investments typically includes Rule 12b-1 fees paid by the fund or the fund's affiliates. This revenue is used to offset certain amounts owed to Fidelity Investments for its administrative services to the Plan. If the revenue received by Fidelity Investments exceeds the amount owed under the Service Agreement, the excess is allocated to Plan participants as a fee adjustment. If the revenue received by Fidelity Investments is less than the amount owed under the Service Agreement, the excess expense is allocated to Plan participants as a fee adjustment. Revenue pursuant to the Service Agreement is reported as other contributions in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

The Plan paid certain direct fees to Fidelity Investments, which are recorded in administrative expenses in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

Notes receivable from participants also qualify as exempt party-in-interest transactions as defined by ERISA.

**6. Plan Termination**

Although it has not expressed any intent 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 of ERISA.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**7. Reconciliation of the Financial Statements to Form 5500**

The following is a reconciliation of the financial statements to Form 5500 as of and for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$64,561,642	\$ 56,461,612
Employer contributions receivable at year end	(1,437,902)	(1,579,170)
Difference in value reported for collective trust fund	<u>—</u>	<u>(144,815)</u>
Net assets available for benefits per Form 5500	<u>\$63,123,740</u>	<u>\$ 54,737,627</u>
	<u>2024</u>	<u>2023</u>
Increase in net assets available for benefits per the financial statements	\$ 8,100,030	\$ 9,119,855
Employer contributions receivable at year end	(1,437,902)	(1,579,170)
Employer contributions receivable at prior year end	1,579,170	1,513,774
Difference in value reported for collective trust fund	—	(144,815)
Difference in value reported for collective trust fund at prior year end	<u>144,815</u>	<u>193,763</u>
Net income per Form 5500	<u>\$ 8,386,113</u>	<u>\$ 9,103,407</u>

Notes receivable from participants are reflected as a receivable on the financial statements which is different from the Form 5500 presentation. On Form 5500, notes receivable are classified as investments under the caption “participant loans.”

**8. Fair Value Measurements**

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

The fair value hierarchy for valuation inputs prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

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 method include:

- Quoted prices for similar assets or liabilities in active markets;

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**8. Fair Value Measurements (Continued)**

- 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's 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.

There have been no changes in the methodologies used at December 31, 2024 and 2023.

The collective trust funds do not have finite lives, unfunded commitments, or significant restrictions on redemptions.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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. There are no restrictions on the sale of any of these investments.

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:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2024</u>				
Money market fund	\$ 1,535,076	\$ –	\$ –	\$ 1,535,076
Mutual funds	<u>59,393,749</u>	<u>–</u>	<u>–</u>	<u>59,393,749</u>
Total assets in the fair value hierarchy	<u>\$60,928,825</u>	<u>\$ –</u>	<u>\$ –</u>	60,928,825
Collective trust fund measured at net asset value <sup>(a)</sup>				<u>2,116,661</u>
Total investments				<u>\$63,045,486</u>

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

**8. Fair Value Measurements (Continued)**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2023</u>				
Money market fund	\$ 1,959,678	\$ –	\$ –	\$ 1,959,678
Mutual funds	<u>50,259,504</u>	<u>–</u>	<u>–</u>	<u>50,259,504</u>
Total assets in the fair value hierarchy	<u>\$52,219,182</u>	<u>\$ –</u>	<u>\$ –</u>	52,219,182
Collective trust fund measured at net asset value <sup>(a)</sup>				<u>2,543,815</u>
Total investments				<u>\$54,762,997</u>

<sup>(a)</sup> In accordance with Accounting Standards Update 2015-12, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

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

EIN #02-0273013

Plan #001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	(c) Description of Investment, Including Maturity Date, Rate of Interest, <u>Collateral, Par or Maturity Values</u>	(d) <u>Cost</u> <sup>(1)</sup>	(e) <u>Current Value</u>
	Money Market Fund:			
*	Fidelity Investments	Retirement Government Money Market Fund	\$ –	\$ 1,535,076
	Mutual Funds:			
*	Fidelity Investments	Investment Grade Bond Fund	–	1,353,682
*	Fidelity Investments	Blue Chip Growth Fund	–	3,440,971
*	Fidelity Investments	Contrafund	–	1,089,565
*	Fidelity Investments	Growth Company Fund	–	7,310,174
*	Fidelity Investments	International Discovery Fund	–	1,126,881
*	Fidelity Investments	Low-Priced Stock Fund	–	1,348,570
*	Fidelity Investments	Mid-Cap Stock Fund	–	1,598,066
*	Fidelity Investments	Puritan Fund	–	2,116,272
*	Fidelity Investments	Value Fund	–	769,981
*	Fidelity Investments	US Bonds Index Fund	–	501,392
*	Fidelity Investments	500 Index Fund	–	3,734,806
*	Fidelity Investments	Emerging Markets Index Fund	–	274,593
*	Fidelity Investments	Real Estate Index Fund	–	96,784
*	Fidelity Investments	Small Cap Index Fund	–	806,107
*	Fidelity Investments	International Index Fund	–	570,170
*	Fidelity Investments	Extended Markets Index Fund	–	714,877
*	Fidelity Investments	Freedom Income Class K Fund	–	13,951
*	Fidelity Investments	Freedom 2005 K Fund	–	2,314
*	Fidelity Investments	Freedom 2010 K Fund	–	375,867
*	Fidelity Investments	Freedom 2015 K Fund	–	110,830
*	Fidelity Investments	Freedom 2020 K Fund	–	4,802,287
*	Fidelity Investments	Freedom 2025 K Fund	–	4,224,024
*	Fidelity Investments	Freedom 2030 K Fund	–	5,332,689
*	Fidelity Investments	Freedom 2035 K Fund	–	4,798,221
*	Fidelity Investments	Freedom 2040 K Fund	–	5,321,851
*	Fidelity Investments	Freedom 2045 K Fund	–	2,326,300
*	Fidelity Investments	Freedom 2050 K Fund	–	974,494
*	Fidelity Investments	Freedom 2055 K Fund	–	1,257,238
*	Fidelity Investments	Freedom 2060 K Fund	–	160,169
*	Fidelity Investments	Freedom 2065 K Fund	–	1,804
	American Century	Equity Income Fund	–	1,478,671
	Artisan International	Mid-Cap Investment Fund	–	598,391
	BlackRock	BlackRock Sustainable Balance K	–	48,347
	Calvert	Calvert Bond Fund Class R6	–	59,019
	Calvert	Calbert International Responsible IDX R6	–	195,260

**DELTA DENTAL PLAN OF NEW HAMPSHIRE, INC.  
DISCRETIONARY PLAN AND TRUST**

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

EIN #02-0273013  
Plan #001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	(c) Description of Investment, Including Maturity Date, Rate of Interest, <u>Collateral, Par or Maturity Values</u>	(d) <u>Cost</u> <sup>(1)</sup>	(e) <u>Current Value</u>
	PIMCO	Real Return Fund	\$ –	\$ 315,636
	PGIM	Global Return Fund Class R6	–	<u>143,495</u>
				59,393,749
*	Collective Trust Fund: Fidelity Investments	Managed Income Portfolio Fund	–	2,116,661
*	Participant loans	Interest at various rates, 5.25% – 7.50%	–	<u>78,254</u>
				<u>\$63,123,740</u>

\* Represents a party-in-interest to the Plan

<sup>(1)</sup> Cost information is not required for participant-directed investments.

The above information has been certified by Fidelity Management Trust Company, the Trustee, as complete and accurate.