

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|---|---|---|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

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

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>NFP CORP. 401(K) PLAN</u></p>  | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>NFP CORP.</u></p> <p><u>200 PARK AVENUE</u><br/><u>SUITE 3202</u><br/><u>NEW YORK, NY 10166</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/2001</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>13-4029115</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>212-301-4000</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>523900</u></p> |

**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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/11/2025 | CHRISTINE LAMOUR   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |      |
|---|--|------|
| <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:<br><b>a</b> Sponsor's name<br><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>                                   | 7595 |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><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>                               | 6297 |
|   | <b>6a(2)</b>                               | 6644 |
|   | <b>6b</b>                                  | 0    |
|   | <b>6c</b>                                  | 1143 |
|   | <b>6d</b>                                  | 7787 |
|   | <b>6e</b>                                  | 25   |
|   | <b>6f</b>                                  | 7812 |
|   | <b>6g(1)</b>                               | 6245 |
| <b>6g(2)</b>  | 6342                                       |      |
| <b>6h</b>   | 125  |      |
| <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 2K 2R 2T 3D 3F 3H

**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 _____ |
| (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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>NFP CORP. 401(K) PLAN</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<br><b>NFP CORP.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>13-4029115</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

**CHARLES SCHWAB & CO. INC. AND AFFIL**

**94-1737782**

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

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

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**(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)

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 50 64               | NONE  | 259641   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WEALTHSPIRE ADVISORS LLC

13-3831584

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26 50                  | NONE  | 85310  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BDO USA LLP

13-5381590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50                  | NONE  | 36177  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

CHARLES SCHWAB & CO., INC.

94-1737782

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 33 50 62<br>71 72 59   | NONE  | 15159  | 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)

LMCG INVESTMENTS LLC

27-0282607

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26 50                  | NONE  | 11781  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AMI ASSET MANAGEMENT CORP

95-4446454

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26 50                  | NONE  | 9030   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

INVESTNET ASSET MANAGEMENT INC

36-4319587

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26 50                  | NONE  | 7171   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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 |
|---|--------------------------------------|---|
| CHARLES SCHWAB & CO.,INC. AND AFFIL                     | 59                                   |   |

| (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. |
|---|--|
| SEE ATTACHMENT<br><br>84-0996383                                    | SEE ATTACHMENT   |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
|   |                                      |   |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|--|
|   |  |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
|   |                                      |   |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|--|
|   |  |

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

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

| <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 |
|   |                                      |  |

|                 |   |
|-----------------|---|
| <b>Part III</b> | <b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b><br>(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 D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
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|--|---|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> |   |
| <b>A</b> Name of plan<br><u>NFP CORP. 401(K) PLAN</u>  | <b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>NFP CORP.</u>                 | <b>D</b> Employer Identification Number (EIN)<br><u>13-4029115</u>                    |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|  |                               |  |
|--|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM STABLE VALUE FUND</u>                       |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u>              |                               |  |
| <b>c</b> EIN-PN <u>04-3159710-202</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29367646</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTL STOCK FD CL I1</u>                            |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>                    |                               |  |
| <b>c</b> EIN-PN <u>82-2436292-342</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8549739</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE FD CL I1</u>                       |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>                    |                               |  |
| <b>c</b> EIN-PN <u>38-4065329-426</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54402379</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CLEARBRIDGE LRG CAP GRWT CIT</u>                   |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>                    |                               |  |
| <b>c</b> EIN-PN <u>82-3106705-345</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58613129</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND FUND CL I1</u>                           |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>                    |                               |  |
| <b>c</b> EIN-PN <u>38-4065326-423</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18323622</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CIT BLKRCK EQ IND FD</u>                           |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>                    |                               |  |
| <b>c</b> EIN-PN <u>20-3802168-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>129274438</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRCK MSCI ACWI EX-US IMI NL IND R</u>            |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> |                               |  |
| <b>c</b> EIN-PN <u>45-2912262-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21608091</u>  |

|   |                        |  |
|---|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DEBT            |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY  |                        |  |
| <b>c</b> EIN-PN 20-3802445-010  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22792543 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2000       |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY  |                        |  |
| <b>c</b> EIN-PN 20-3802587-004  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33213167 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH AGGR 2025 FUND R1  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY  |                        |  |
| <b>c</b> EIN-PN 47-2275031-213  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0        |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH AGGR 2035 FUND R1  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY  |                        |  |
| <b>c</b> EIN-PN 47-2468898-216  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63012837 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH AGGR 2045 FUND R1  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY  |                        |  |
| <b>c</b> EIN-PN 47-2503540-219  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47931297 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH AGGR 2055 FUND R1  |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY  |                        |  |
| <b>c</b> EIN-PN 47-2554270-222  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30297233 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH AGGR RET FUND R1   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY  |                        |  |
| <b>c</b> EIN-PN 47-2238264-210  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30060133 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH CNSRV 2025 FUND R1 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY  |                        |  |
| <b>c</b> EIN-PN 47-2458234-215  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0        |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH CNSRV 2035 FUND R1 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY  |                        |  |
| <b>c</b> EIN-PN 47-2491300-218  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16967938 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH CNSRV 2045 FUND R1 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY  |                        |  |
| <b>c</b> EIN-PN 47-2529162-221  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5315033  |

|   |                        |  |
|---|------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH CNSRV 2055 FUND R1   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY    |                        |  |
| <b>c</b> EIN-PN 47-2575758-224  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3787925  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH CNSRV RET FUND R1    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY    |                        |  |
| <b>c</b> EIN-PN 47-2264760-212  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19127958 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH MODR 2025 FUND R1    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY    |                        |  |
| <b>c</b> EIN-PN 47-2285799-214  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0        |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH MODR 2035 FUND R1    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY    |                        |  |
| <b>c</b> EIN-PN 47-2478524-217  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42592418 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH MODR 2045 FUND R1    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY    |                        |  |
| <b>c</b> EIN-PN 47-2516187-220  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25332875 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH MODR 2055 FUND R1    |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY    |                        |  |
| <b>c</b> EIN-PN 47-2563528-223  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11716057 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH MODR RET FUND R1     |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY    |                        |  |
| <b>c</b> EIN-PN 47-2248665-211  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27876497 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH PL AGGR 2065 FUND R1 |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY    |                        |  |
| <b>c</b> EIN-PN 38-7271378-759  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1824739  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH PL CNSRV 2065 R1     |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY    |                        |  |
| <b>c</b> EIN-PN 38-7271380-761  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 899527   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FLEX PATH PL MODR 2065 FD R1   |                        |  |
| <b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY    |                        |  |
| <b>c</b> EIN-PN 38-7271379-760  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1821653  |

|                |  |
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| <b>Part II</b> | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b><br>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |
|----------------|--|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
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**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

**a** Plan name

|                               |                 |
|-------------------------------|-----------------|
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |
|-------------------------------|-----------------|

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| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
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|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>NFP CORP. 401(K) PLAN</b>  | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NFP CORP.</b>                        | <b>D</b> Employer Identification Number (EIN)<br><b>13-4029115</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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                     | 3146            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 60943                 | 40384           |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 167261                | 131868          |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <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>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 9506016               | 10364081        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 608611887             | 704708874       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 94605418              | 101805884       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 114665585             | 159867661       |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 827617110             | 976921898       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                       |                 |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 827617110             | 976921898       |

**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> | 20259982   |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 61669787   |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 13650850   |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (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>    |            | 95580619  |
| <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> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 708683     |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 708683    |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 3513016    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 3513016   |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <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> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <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 .....                              | <b>2b(6)</b>  |            | 89772122  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 4563259   |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 19063682  |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 213201381 |

**Expenses**

|   |               |          |          |
|---|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 63457571 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |          |          |
| (3) Other .....   | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 63457571 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          | 5039     |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....   | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:   |               |          |          |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  |          |          |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  | 259566   |          |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  | 36177    |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 136169   |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |          |          |
| (8) Legal fees .....  | <b>2i(8)</b>  |          |          |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....   | <b>2i(11)</b> |          |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 431912   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 63894522 |

**Net Income and Reconciliation**

|   |              |  |           |
|---|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 149306859 |
| <b>l</b> Transfers of assets:   |              |  |           |
| (1) To this plan .....  | <b>2l(1)</b> |  |           |
| (2) From this plan .....  | <b>2l(2)</b> |  | 2071      |

**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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

**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.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 4550   |
| <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.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.  | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

**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) |
|--|---------------------|--------------------|
| RETIREMENT PLAN ADVISORY GROUP RETIREMENT SAVINGS PLAN | 26-0341714          | 001                |
|  |                     |                    |
|  |                     |                    |
|  |                     |                    |

**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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>NFP CORP. 401(K) PLAN</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<br><b>NFP CORP.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>13-4029115</b> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1** **0**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 82-3967259

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

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

|                |   |
|----------------|---|
| <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> |
|-----------------|-------------------|

**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 09 / 21 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704158A.

# NFP Corp. 401(k) Plan

Financial Statements  
and ERISA-Required Supplemental Schedules  
As of December 31, 2024 and 2023  
and for the Year Ended December 31, 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



## **NFP Corp. 401(k) Plan**

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Financial Statements and ERISA-Required Supplemental Schedules  
As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

# NFP Corp. 401(k) Plan

## Contents

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**Independent Auditor's Report** 3-6

### **Financial Statements**

Statements of Net Assets Available for Benefits  
as of December 31, 2024 and 2023 7

Statement of Changes in Net Assets Available for Benefits  
for the Year Ended December 31, 2024 8

Notes to Financial Statements 9-17

### **ERISA-Required Supplemental Schedules**

Schedule H (Form 5500), Line 4a - Schedule of Delinquent Participant Contributions  
for the Year Ended December 31, 2024 19

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
as of December 31, 2024 20



## Independent Auditor's Report

The Fiduciary Committee  
NFP Corp. 401(k) Plan  
New York, New York

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

We have performed audits of the financial statements of NFP Corp. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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 (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### *Opinion*

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

- 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 (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 and the Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial



statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*BDO USA, P.C.*

October 9, 2025

# NFP Corp. 401(k) Plan

## Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2024</b>           | <b>2023</b>           |
|--|-----------------------|-----------------------|
| <b>Assets</b>                            |                       |                       |
| Cash                                     | \$ 3,146              | \$ -                  |
| Investments, at fair value:              |                       |                       |
| Registered investment companies          | 101,805,884           | 94,605,418            |
| Collective investment trusts             | 704,708,874           | 608,611,887           |
| Self-directed brokerage accounts         | 159,867,661           | 114,665,585           |
| <b>Total Investments, at fair value</b>  | <b>966,382,419</b>    | <b>817,882,890</b>    |
| Receivables:                             |                       |                       |
| Company contributions                    | 40,384                | 60,943                |
| Participant contributions                | 131,868               | 167,261               |
| Notes receivable from participants       | 10,364,081            | 9,506,016             |
| <b>Total Receivables</b>                 | <b>10,536,333</b>     | <b>9,734,220</b>      |
| <b>Net Assets Available for Benefits</b> | <b>\$ 976,921,898</b> | <b>\$ 827,617,110</b> |

*See accompanying notes to financial statements.*

# NFP Corp. 401(k) Plan

## Statement of Changes in Net Assets Available for Benefits

*Year ended December 31, 2024*

### **Additions**

|   |                       |
|---|-----------------------|
| Investment income:  |                       |
| Net appreciation in fair value of investments               | \$ 113,391,201        |
| Interest and dividend income                                | 3,513,016             |
| <b>Total Investment Income</b>                              | <b>116,904,217</b>    |
| Interest income from notes receivable from participants     | 708,683               |
| Other income  | 7,862                 |
| Contributions:  |                       |
| Company   | 20,259,982            |
| Participant   | 61,669,787            |
| Rollover  | 13,650,850            |
| <b>Total Contributions</b>                                  | <b>95,580,619</b>     |
| <b>Total Additions</b>                                      | <b>213,201,381</b>    |
| <b>Deductions</b>   |                       |
| Distributions   | 63,462,610            |
| Administrative expenses                                     | 431,912               |
| <b>Total Deductions</b>                                     | <b>63,894,522</b>     |
| <b>Net Increase</b>   | <b>149,306,859</b>    |
| Transfers Out, Net (Note 8)                                 | (2,071)               |
| <b>Net Assets Available for Benefits, beginning of year</b> | <b>827,617,110</b>    |
| <b>Net Assets Available for Benefits, end of year</b>       | <b>\$ 976,921,828</b> |

*See accompanying notes to financial statements.*

# NFP Corp. 401(k) Plan

## Notes to Financial Statements

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### 1. Description of the Plan

The following description of the NFP Corp. 401(k) Plan (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 that covers all employees and principals of the NFP Corp. (the Company), as defined in the Plan literature, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees and principals are eligible to participate in the Plan upon attaining age 21 and completing three months of service for all full-time employees and principals or working at least 1,000 hours of service for all part-time employees. Plan entry occurs as soon as administratively feasible once the eligibility requirements are met.

The Plan is administered by the NFP Corp. 401(k) Plan Committee (the Committee) that serves at the discretion of the Company's Board of Directors. The Committee is responsible for all matters, including, but not limited to, determining eligibility, rights to benefits, interpreting Plan documents, directing the Plan's trustee, and maintaining participant accounts.

#### *Participant Accounts*

Each participant's account is credited with the participant's contributions and the Company's discretionary matching contributions, if any; Plan earnings (losses); and administrative expenses. Allocations are based on the participant's earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### *Contributions*

Each year, participants generally may contribute a minimum of 1% up to 100% of their pre-tax annual compensation, subject to Internal Revenue Code (IRC) limitations, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). The Plan also allows participants to designate all or a portion of their deferrals as Roth contributions to the Plan on an after-tax basis and allows rollovers of designated Roth contributions into the Plan.

The Plan provides for discretionary Company matching contributions for participants who have completed at least three months of service, as defined in the Plan. The Company matched 50% of the first 6% of a participant's contribution for the years ended December 31, 2024 and 2023.

Contributions are subject to certain IRC limitations.

#### *Vesting*

Participants are immediately vested in their contributions and rollovers into the Plan, plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of credited service. A participant vests one-third each year and is 100% vested after three years of credited service.

# NFP Corp. 401(k) Plan

## Notes to Financial Statements

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### ***Notes Receivable from Participants***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. General-purpose notes receivable terms range from one to five years, or up to 30 years for the purchase of a principal residence. The loans are secured by the balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates, as determined by the Plan administrator. The interest rates on notes receivable outstanding range from 3.75% to 9.50% at December 31, 2024. Principal and interest are paid ratably through payroll deductions.

### ***Payment of Benefits***

A participant's vested account balance is payable upon termination of service, death, attainment of age 59½, total disability, or retirement. Benefits are paid in a single lump-sum amount or in installments, as described in the Plan's literature. If the participant's vested interest in the Plan is less than \$1,000, a mandatory lump-sum distribution may be made to the participant. Hardship withdrawals are permitted under certain circumstances.

### ***Forfeitures***

Forfeited non-vested Company matching contributions are used for the purpose of reducing current or future Company contributions or administrative expenses. The total forfeited non-vested account balances at December 31, 2024 and 2023 were \$165,750 and \$192,903 respectively. During the years ended December 31, 2024 and 2023, forfeitures totaling \$47,488 and \$22,475, respectively, were used to pay administrative expenses. During the years ended December 31, 2024 and 2023, forfeitures totaling \$178,649 and \$48,924 respectively, were used to reduce employer contributions.

### ***Investment Options***

Upon enrollment in the Plan, a participant may direct contributions in a variety of investments, as more fully described in the Plan's literature, including self-directed brokerage accounts. Participants may change their investment options at any time.

### ***Expenses***

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

### ***Other Income***

The Plan receives revenue-sharing payments to offset Plan expenses. The amount of these payments, if any, is dependent on the investments and share classes of the investments that the Plan holds. The amounts are subject to change. The Plan received \$7,862 for the year ended December 31, 2024, which is shown as other income in the statement of changes in net assets available for benefits.

# NFP Corp. 401(k) Plan

## Notes to Financial Statements

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### *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. In the event of Plan termination, participants will become fully vested in their accounts.

## **2. Summary of Significant Accounting Policies**

### *Basis of Accounting*

The accompanying financial statements have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

### *Accounting Estimates*

The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

### *Contributions and Contributions Receivable*

Participant contributions and any related employer matching contributions are recognized in the period during which the Company makes the respective payroll deduction from the participant's compensation.

### *Investment Valuation and Income Recognition*

The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for a discussion of fair value measurements.

Securities transactions are recorded on a trade-date basis and dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

### *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

### *Payment of Benefits*

Benefit payments are recorded upon distribution.

# NFP Corp. 401(k) Plan

## Notes to Financial Statements

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### *Risks and Uncertainties*

The Plan invests in various investment options. Investments are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

### *Subsequent Events*

The financial statements and related disclosures include evaluations of events up through and including October 9, 2025, which is the date the financial statements were available to be issued.

On September 2, 2025, the Company signed a definitive agreement for a divestiture of a portion of the business. Upon closing of the transaction, approximately 1,000 employees will spin out from the Company as a result of the sale.

No other material subsequent events have occurred through that date that required recognition in the financial statements or additional disclosures in the financial statements.

### **3. Fair Value Measurements**

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

*Level 1* - This level consists of inputs that are quoted prices (unadjusted) for identical assets in active markets to which the Plan has access.

*Level 2* - This level consists of inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability, including:

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

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

*Level 3* - This level consists of inputs that are unobservable and reflect the Plan's own assumptions about the assumption market participants would use in pricing the asset or liability based on the best information available in the circumstances (e.g., internally derived assumptions surrounding the timing and amount of expected cash flows).

# NFP Corp. 401(k) Plan

## Notes to Financial Statements

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

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

*Registered Investment Companies* - These assets are valued at the daily closing price, as reported by the fund. Registered investment companies held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The shares of registered investment companies held by the Plan are deemed to be actively traded.

*Collective Investment Trusts (CITs)* - These assets are valued based on the NAV of units of the CITs. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

*Self-Directed Brokerage Accounts* - These accounts primarily consist of registered investment companies, unit investment trusts, and common stocks that are valued on the basis of readily determinable market prices. Other accounts include interest-bearing cash, stated at cost, which approximates fair value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

### ***December 31, 2024***

|  | Level 1               | Level 2     | Level 3     | Total                 |
|--|-----------------------|-------------|-------------|-----------------------|
| Registered investment companies                        | \$ 101,805,884        | \$ -        | \$ -        | \$ 101,805,884        |
| Self-directed brokerage accounts                       | 159,867,661           | -           | -           | 159,867,661           |
| <b>Total Investments</b> , in the fair value hierarchy | <b>\$ 261,673,545</b> | <b>\$ -</b> | <b>\$ -</b> | <b>261,673,545</b>    |
| CITs, measured at NAV*                                 |                       |             |             | 704,708,874           |
| <b>Total Investments</b> , at fair value               |                       |             |             | <b>\$ 966,382,419</b> |

# NFP Corp. 401(k) Plan

## Notes to Financial Statements

*December 31, 2023*

|   | Level 1               | Level 2     | Level 3     | Total                 |
|---|-----------------------|-------------|-------------|-----------------------|
| Registered investment companies                       | \$ 94,605,418         | \$ -        | \$ -        | \$ 94,605,418         |
| Self-directed brokerage accounts                      | 114,665,585           | -           | -           | 114,665,585           |
| <b>Total Investments, in the fair value hierarchy</b> | <b>\$ 209,271,003</b> | <b>\$ -</b> | <b>\$ -</b> | <b>209,271,003</b>    |
| CITs, measured at NAV*                                |                       |             |             | 608,611,887           |
| <b>Total Investments, at fair value</b>               |                       |             |             | <b>\$ 817,882,890</b> |

\* The CITs, which are measured at fair value using the NAV per share (or its equivalent) practical expedient, have not been categorized within the fair value hierarchy. The fair value amounts presented in the above tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following tables set forth the fair value of investments in certain funds that calculate NAV per share (or its equivalent):

*December 31, 2024*

| Investments                       | Fair Value            | Unfunded Commitment | Redemption Frequency | Redemption Notice Period |
|-----------------------------------|-----------------------|---------------------|----------------------|--------------------------|
| BlackRock Equity Index Fund 1     | \$ 129,274,438        | \$ -                | Daily                | 30 days                  |
| BlackRock MSCI ACWI US Index Fund | 21,608,091            | -                   | Daily                | 30 days                  |
| BlackRock Russell 2000 Index Fund | 33,213,167            | -                   | Daily                | 30 days                  |
| BlackRock US Debt Index Fund      | 22,792,543            | -                   | Daily                | 30 days                  |
| Core Bond Fund Cl I1              | 18,323,622            | -                   | Daily                | 5 days                   |
| flexPATH Aggressive RT I1         | 30,060,133            | -                   | Daily                | 5 days                   |
| flexPATH IDX Aggressive 2035      | 63,012,837            | -                   | Daily                | 5 days                   |
| flexPATH IDX Aggressive 2045      | 47,931,297            | -                   | Daily                | 5 days                   |
| flexPATH IDX Aggressive 2055      | 30,297,233            | -                   | Daily                | 5 days                   |
| flexPATH IDX Conservative 2035    | 16,967,938            | -                   | Daily                | 5 days                   |
| flexPATH IDX Conservative 2045    | 5,315,033             | -                   | Daily                | 5 days                   |
| flexPATH IDX Conservative 2055    | 3,787,925             | -                   | Daily                | 5 days                   |
| flexPATH IDX Conservative RET     | 19,127,958            | -                   | Daily                | 5 days                   |
| flexPATH IDX Moderate 2035 I1     | 42,592,418            | -                   | Daily                | 5 days                   |
| flexPATH IDX Moderate 2045 I1     | 25,332,875            | -                   | Daily                | 5 days                   |
| flexPATH IDX Moderate 2055 I1     | 11,716,057            | -                   | Daily                | 5 days                   |
| flexPATH IDX Moderate RT I1       | 27,876,497            | -                   | Daily                | 5 days                   |
| Intl Stock Fund Class I1          | 8,549,739             | -                   | Daily                | 5 days                   |
| Large-Cap Value Fund Cl I1        | 54,402,379            | -                   | Daily                | 5 days                   |
| Putnam Stable Value CIT           | 29,367,646            | -                   | Daily                | 5 days                   |
| Great Gray Lg-Cap Grth            | 58,613,129            | -                   | Daily                | 5 days                   |
| flexPATH PL CNSRV 2065 R1         | 899,527               | -                   | Daily                | 5 days                   |
| flexPATH PL MODR 2065 FD R1       | 1,821,653             | -                   | Daily                | 5 days                   |
| flexPATH PL AGGR 2065 FUND R1     | 1,824,739             | -                   | Daily                | 5 days                   |
|                                   | <b>\$ 704,708,874</b> | <b>\$ -</b>         |                      |                          |

\* For redemptions greater than \$1,000,000.

\*\* For redemptions greater than \$1,000,000. For withdrawals greater than \$75,000,000, advance notice of 60 days required that may be subject to a 12-month deferral.

# NFP Corp. 401(k) Plan

## Notes to Financial Statements

December 31, 2023

| Investments                       | Fair Value            | Unfunded<br>Commitment | Redemption<br>Frequency | Redemption<br>Notice Period |
|-----------------------------------|-----------------------|------------------------|-------------------------|-----------------------------|
| BlackRock Equity Index Fund 1     | \$ 100,239,009        | \$ -                   | Daily                   | 30 days                     |
| BlackRock MSCI ACWI US Index Fund | 19,332,573            | -                      | Daily                   | 30 days                     |
| BlackRock Russell 2000 Index Fund | 30,050,453            | -                      | Daily                   | 30 days                     |
| BlackRock US Debt Index Fund      | 22,143,387            | -                      | Daily                   | 30 days                     |
| Core Bond Fund Cl I1              | 14,761,887            | -                      | Daily                   | 5 days *                    |
| flexPATH Aggressive RT I1         | 3,490,077             | -                      | Daily                   | 5 days *                    |
| flexPATH Conservative 2025        | 12,624,340            | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Aggressive 2025      | 26,759,077            | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Aggressive 2035      | 58,965,306            | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Aggressive 2045      | 42,924,629            | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Aggressive 2055      | 25,629,478            | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Conservative 2035    | 15,816,939            | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Conservative 2045    | 4,727,126             | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Conservative 2055    | 2,786,101             | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Conservative RET     | 4,589,459             | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Moderate 2025 I1     | 24,149,363            | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Moderate 2035 I1     | 36,537,645            | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Moderate 2045 I1     | 19,754,354            | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Moderate 2055 I1     | 8,590,742             | -                      | Daily                   | 5 days *                    |
| flexPATH IDX Moderate RT I1       | 5,794,188             | -                      | Daily                   | 5 days *                    |
| Intl Stock Fund Class I1          | 5,992,064             | -                      | Daily                   | 5 days *                    |
| Large-Cap Value Fund Cl I1        | 46,190,178            | -                      | Daily                   | 5 days *                    |
| Putnam Stable Value CIT           | 29,966,967            | -                      | Daily                   | 5 days **                   |
| Great Gray Lg-Cap Grth            | 45,866,054            | -                      | Daily                   | 5 days *                    |
| flexPATH PL CNSRV 2065 R1         | 54,847                | -                      | Daily                   | 5 days *                    |
| flexPATH PL MODR 2065 FD R1       | 410,283               | -                      | Daily                   | 5 days *                    |
| flexPATH PL AGGR 2065 FUND R1     | 465,361               | -                      | Daily                   | 5 days *                    |
|                                   | <b>\$ 608,611,887</b> | <b>\$ -</b>            |                         |                             |

\* For redemptions greater than \$1,000,000.

\*\* For redemptions greater than \$1,000,000. For withdrawals greater than \$75,000,000, advance notice of 60 days required that may be subject to a 12-month deferral.

### **Changes in Fair Value Levels**

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based on the nature of the investment and size of the transfer relative to total net assets available for benefits.

# NFP Corp. 401(k) Plan

## Notes to Financial Statements

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### 4. Information Certified by the Trustee (unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 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 of December 31, 2024 and 2023, and for the year ended December 31, 2024. Accordingly, the Plan's trustee, Charles Schwab Bank (Schwab), a qualified institution, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments and notes receivable from participants, as shown in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Investment income, other income, and interest income from notes receivable from participants, as shown in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024.
- Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information provided by the trustee to the related information included in the financial statements and ERISA-required supplemental schedules.

### 5. Exempt Party-in-Interest Transactions

Certain investments were held and invested by affiliates of Schwab, the trustee of the Plan, as of December 31, 2024 and 2023. These transactions, therefore, qualify as party-in-interest. Schwab also performs administrative and recordkeeping services for the Plan. The amount paid to Schwab by the Plan totaled approximately \$260,000 for the Plan year ended December 31, 2024.

Certain employees of the Company perform administrative services for the Plan. These employees receive no compensation from the Plan for their services.

### 6. Income Tax Status

The Plan adopted a pre-approved defined contribution plan document from Schwab Retirement Plan Services Inc., which has received an opinion letter from the Internal Revenue Service (IRS) on September 21, 2020 stating that the pre-approved defined contribution plan document, as then-designed, was in compliance with the applicable requirements of the IRC. Although the Plan has been amended and restated since the date of the IRS opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC.

GAAP requires 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

# NFP Corp. 401(k) Plan

## Notes to Financial Statements

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### **7. Delinquent Participant Contributions**

The Plan sponsor inadvertently failed to deposit \$4,550 of participant deferrals within the required time frame as stated by the DOL's rules and regulations relating to December 31, 2024. The DOL considers the late deposits to be a prohibited transaction. Lost earnings on the deposits were deposited to the trust in 2024. The Plan sponsor has filed Form 5330 and paid the applicable excise tax in for the 2024. The excise tax payments were made from the Plan sponsor's assets and not from assets of the Plan.

### **8. Transfers from the Plan**

During 2024, net assets totaling \$2,071 were transferred out of the Plan into the Retirement Plan Advisory Group Retirement Savings Plan. The Retirement Plan Advisory Group Retirement Savings Plan was spun out of the NFP Corp. 401(k) Plan on October 11, 2023.

## **ERISA-Required Supplemental Schedules**

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# NFP Corp. 401(k) Plan

## Schedule H (Form 5500), Line 4a - Schedule of Delinquent Participant Contributions

**EIN: 13-4029115**

**Plan Number: 001**

*Year ended December 31, 2024*

|   | Total That Constitutes Nonexempt<br>Prohibited Transactions |   |  |  | Total Fully<br>Corrected<br>Under VFCP*<br>and PTE<br>2002-51 |
|---|---|---|--|--|---|
| Participant Contributions<br>Transferred Late to Plan                                       | Contributions<br>Not Corrected                              | Contributions<br>Corrected<br>Outside VFCP* | Contributions<br>Pending<br>Correction<br>in VFCP* |  |   |
| Check here if late participant loan<br>repayments are included:<br><input type="checkbox"/> |   |   |  |  |   |
| 2024  | \$ -  | \$ 4,550                                    | \$ -   |  | \$ -  |

\* Voluntary Fiduciary Correction Program (DOL)

# NFP Corp. 401(k) Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
 EIN: 13-4029115 Plan Number: 001

December 31, 2024

| (a)  | (b)  | (c)  | (d)                   | (e)         |
|--|--|--|-----------------------|-------------|
| Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost   | Current Value         |             |
| <b>Registered Investment Companies</b>                 |  |  |                       |             |
| American Funds   | EuroPacific Growth Fund  | **   | \$ 41,229,802         |             |
| Dimensional Fund Advisors                              | U.S. Targeted Value Fund   | **   | 34,952,392            |             |
| JP Morgan  | Small Cap Growth R6  | **   | 25,623,690            |             |
| <b>Total Registered Investment Companies</b>           |  |  | <b>101,805,884</b>    |             |
| <b>Collective Investment Trusts</b>                    |  |  |                       |             |
| Blackrock  | Equity Index Fund  | **   | 129,274,438           |             |
| Blackrock  | MSCI ACWI US Index Fund  | **   | 21,608,091            |             |
| Blackrock  | Russell 2000 Index Fund  | **   | 33,213,167            |             |
| Blackrock  | US Debt Index Fund   | **   | 22,792,543            |             |
| Great Gray   | Core Bond Fund Cl I1   | **   | 18,323,622            |             |
| Great Gray   | flexPATH Aggressive RT I1  | **   | 30,060,133            |             |
| Great Gray   | flexPATH IDX Aggressive 2035   | **   | 63,012,837            |             |
| Great Gray   | flexPATH IDX Aggressive 2045   | **   | 47,931,297            |             |
| Great Gray   | flexPATH IDX Aggressive 2055   | **   | 30,297,233            |             |
| Great Gray   | flexPATH IDX Conservative 2035   | **   | 16,967,938            |             |
| Great Gray   | flexPATH IDX Conservative 2045   | **   | 5,315,033             |             |
| Great Gray   | flexPATH IDX Conservative 2055   | **   | 3,787,925             |             |
| Great Gray   | flexPATH IDX Conservative RET  | **   | 19,127,958            |             |
| Great Gray   | flexPATH IDX Moderate 2035 I1  | **   | 42,592,418            |             |
| Great Gray   | flexPATH IDX Moderate 2045 I1  | **   | 25,332,875            |             |
| Great Gray   | flexPATH IDX Moderate 2055 I1  | **   | 11,716,057            |             |
| Great Gray   | flexPATH IDX Moderate RT I1  | **   | 27,876,497            |             |
| Great Gray   | Intl Stock Fund Class I1   | **   | 8,549,739             |             |
| Great Gray   | Large-Cap Value Fund Cl I1   | **   | 54,402,379            |             |
| Putnam Fiduciary Trust                                 | Stable Value CIT   | **   | 29,367,646            |             |
| Great Gray   | Lg-Cap Grth  | **   | 58,613,129            |             |
| Great Gray   | flexPATH AGGR 2065 FUND R1   | **   | 1,824,739             |             |
| Great Gray   | flexPATH PL CNSRV 2065 R1  | **   | 899,527               |             |
| Great Gray   | flexPATH PL MODR 2065 FD R1  | **   | 1,821,653             |             |
| <b>Total Collective Investment Trusts</b>              |  |  | <b>704,708,874</b>    |             |
| <b>Other</b>   |  |  |                       |             |
| *  | Charles Schwab   | Assets held in self-directed brokerage accounts, common stock, and registered investment companies | **                    | 159,867,661 |
| <b>Total Investments</b>                               |  |  | <b>966,382,419</b>    |             |
| *  | <b>Participant Loans</b>   | Interest rates ranging from 3.75% to 9.50%   |                       | 10,364,081  |
| <b>Total</b>   |  |  | <b>\$ 976,746,500</b> |             |

\* Denotes a party-in-interest, as defined by ERISA.

\*\* Cost information is not required for participant-directed investments.

# NFP Corp. 401(k) Plan

## Schedule H (Form 5500), Line 4a - Schedule of Delinquent Participant Contributions

**EIN: 13-4029115**

**Plan Number: 001**

*Year ended December 31, 2024*

|   | Total That Constitutes Nonexempt<br>Prohibited Transactions |   |  |  | Total Fully<br>Corrected<br>Under VFCP*<br>and PTE<br>2002-51 |
|---|---|---|--|--|---|
| Participant Contributions<br>Transferred Late to Plan                                       | Contributions<br>Not Corrected                              | Contributions<br>Corrected<br>Outside VFCP* | Contributions<br>Pending<br>Correction<br>in VFCP* |  |   |
| Check here if late participant loan<br>repayments are included:<br><input type="checkbox"/> |   |   |  |  |   |
| 2024  | \$ -  | \$ 4,550                                    | \$ -   |  | \$ -  |

\* Voluntary Fiduciary Correction Program (DOL)

**NFP CORP 401(K) PLAN**  
**Information for Form 5500, Schedule C**  
**For January 1, 2024 - December 31, 2024**

**Appendix 1 - Shareholder Servicing Payment Rates :**

Charles Schwab & Co., Inc. and its affiliates ("Schwab") may receive indirect compensation from fund companies or their affiliates for shareholder related services. The rate received by Schwab may change from time to time as changes are made by fund companies. Outlined below is an illustration of rates received by Schwab as of the end of the reporting period for funds held in your plan at that time.

On average, the rate earned with respect to your plan's fund holding(s) in plan brokerage account(s) in the fund family(ies) listed is 0.27%, as further detailed below:

| <b>Received by Charles Schwab &amp; Co., Inc. (EIN#94-1737782)</b> |               |  |
|--|---------------|--|
| <b>Fund Family/Provider</b>  | <b>EIN</b>    | <b>Formula</b>   |
| Abbey Capital  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Allianz Global Investors   | Not Available | Range of 0.02 - 0.40% of average daily balance of assets |
| Allspring Global Investments                                       | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| ALPS   | 84-0996383    | Rate of 0.10% of average daily balance of asset(s)       |
| Amana  | 35-6447892    | Rate of 0.40% of average daily balance of asset(s)       |
| American Beacon  | 75-2401150    | Rate of 0.40% of average daily balance of asset(s)       |
| American Century Investments                                       | 43-0821857    | Rate of 0.35% of average daily balance of asset(s)       |
| American Funds   | 90-0924512    | Range of 0.05 - 0.37% of average daily balance of assets |
| AMG Funds  | 06-1555943    | Rate of 0.10% of average daily balance of asset(s)       |
| Amundi US  | 13-5657669    | Rate of 0.37% of average daily balance of asset(s)       |
| AQR Funds  | Not Available | Rate of 0.05% of average daily balance of asset(s)       |
| ARGA   | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Artisan Partners Funds   | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Ave Maria Mutual Funds   | 38-2325495    | Rate of 0.40% of average daily balance of asset(s)       |
| Baillie Gifford Funds  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Baird  | 39-6037917    | Range of 0.05 - 0.27% of average daily balance of assets |
| Baron Capital Group, Inc.  | Not Available | Range of 0.09 - 0.38% of average daily balance of assets |
| BlackRock  | 04-6171663    | Range of 0.06 - 0.40% of average daily balance of assets |
| BNY Mellon   | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Boston Trust & Walden Funds  | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Bramshill Investments  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Brown Advisory Funds   | Not Available | Range of 0.10 - 0.40% of average daily balance of assets |
| Brown Capital Management, LLC                                      | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Buffalo  | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Calamos  | 36-3316238    | Rate of 0.10% of average daily balance of asset(s)       |
| Calvert Research and Management                                    | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Catalyst Mutual Funds  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Causeway   | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Chase  | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| CLIFFWATER LLC   | Not Available | Rate of 0.15% of average daily balance of asset(s)       |
| Cohen & Steers   | 14-1904657    | Range of 0.10 - 0.40% of average daily balance of assets |
| Columbia Threadneedle  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Conestoga Capital Advisors   | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Credit Suisse (New York, NY)                                       | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Cromwell Funds   | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Diamond Hill Funds   | 31-6547095    | Range of 0.10 - 0.40% of average daily balance of assets |
| Dimensional Fund Advisors  | 22-2370029    | Rate of 0.02% of average daily balance of asset(s)       |
| DoubleLine   | Not Available | Range of 0.10 - 0.40% of average daily balance of assets |
| Driehaus   | 20-3634295    | Rate of 0.40% of average daily balance of asset(s)       |
| DWS  | 13-3241232    | Rate of 0.40% of average daily balance of asset(s)       |
| Eaton Vance  | 20-1227352    | Range of 0.07 - 0.40% of average daily balance of assets |
| FEDERATED FUNDS  | Not Available | Rate of 0.33% of average daily balance of asset(s)       |
| Fidelity Investments   | 06-1194217    | Range of 0.10 - 0.40% of average daily balance of assets |
| FIRST EAGLE FUNDS  | Not Available | Range of 0.10 - 0.40% of average daily balance of assets |

**NFP CORP 401(K) PLAN**  
**Information for Form 5500, Schedule C**  
**For January 1, 2024 - December 31, 2024**

| <b>Received by Charles Schwab &amp; Co., Inc. (EIN#94-1737782)</b> |               |  |
|--|---------------|--|
| <b>Fund Family/Provider</b>  | <b>EIN</b>    | <b>Formula</b>   |
| FLAT ROCK GLOBAL   | Not Available | Rate of 0.15% of average daily balance of asset(s)       |
| FMI Funds  | 39-1861095    | Rate of 0.40% of average daily balance of asset(s)       |
| Foundry  | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| FPA  | 04-3118452    | Rate of 0.06% of average daily balance of asset(s)       |
| Franklin Templeton Investments                                     | 94-3167260    | Range of 0.10 - 0.40% of average daily balance of assets |
| FullerThaler   | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Gabelli  | 13-3340139    | Rate of 0.40% of average daily balance of asset(s)       |
| Goehring & Rozencajg   | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Goldman Sachs  | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| GQG Partners Inc   | Not Available | Range of 0.10 - 0.40% of average daily balance of assets |
| Greenspring  | 52-1267740    | Rate of 0.10% of average daily balance of asset(s)       |
| Guggenheim Investments   | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Hamlin Funds   | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Harbor   | 04-2679462    | Range of 0.08 - 0.35% of average daily balance of assets |
| Harding Loevner  | Not Available | Range of 0.10 - 0.40% of average daily balance of assets |
| Hartford Mutual Funds  | 13-3317783    | Rate of 0.40% of average daily balance of asset(s)       |
| Hotchkis & Wiley   | 09-5349264    | Rate of 0.40% of average daily balance of asset(s)       |
| Invenomic  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| INVESCO FUNDS  | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| J.P. MORGAN & CO.  | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Jackson Square   | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Janus Henderson  | 43-1804048    | Range of 0.10 - 0.35% of average daily balance of assets |
| JOHCM Funds  | Not Available | Range of 0.10 - 0.40% of average daily balance of assets |
| John Hancock   | 04-3483032    | Range of 0.10 - 0.40% of average daily balance of assets |
| Lazard   | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Lord Abbett  | 13-3731507    | Rate of 0.15% of average daily balance of asset(s)       |
| Macquarie Investment Management                                    | Not Available | Rate of 0.15% of average daily balance of asset(s)       |
| MainGate Trust   | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Matthews Asia Funds  | 94-3250972    | Range of 0.10 - 0.40% of average daily balance of assets |
| MFS  | 04-3253929    | Rate of 0.40% of average daily balance of asset(s)       |
| Morgan Stanley   | 36-3145972    | Rate of 0.10% of average daily balance of asset(s)       |
| MP 63  | 11-3465522    | Rate of 0.10% of average daily balance of asset(s)       |
| Natixis Funds  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Neuberger Berman   | 13-3216325    | Range of 0.10 - 0.40% of average daily balance of assets |
| New Alternatives   | 11-2542789    | Rate of 0.10% of average daily balance of asset(s)       |
| New York Life Investment Management LLC                            | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Nuveen   | Not Available | Range of 0.07 - 0.40% of average daily balance of assets |
| Oakmark  | Not Available | Range of 0.10 - 0.35% of average daily balance of assets |
| Oberweis   | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Parnassus  | 94-6579180    | Rate of 0.40% of average daily balance of asset(s)       |
| PGIM Investments   | 22-3703799    | Range of 0.25 - 0.40% of average daily balance of assets |
| Polen Capital  | Not Available | Range of 0.10 - 0.40% of average daily balance of assets |
| Potomac Fund Management Inc.                                       | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| PRIMECAP Odyssey Funds   | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| ProFunds   | 52-2035197    | Rate of 0.45% of average daily balance of asset(s)       |
| RBC Global Asset Management.                                       | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Regan Capital  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Rreccurent Advisors  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Schwab Funds   | 94-3106735    | Rate of 0.13% of average daily balance of asset(s)       |
| Seafarer Funds   | Not Available | Rate of 0.10% of average daily balance of asset(s)       |

**NFP CORP 401(K) PLAN**  
**Information for Form 5500, Schedule C**  
**For January 1, 2024 - December 31, 2024**

| <b>Received by Charles Schwab &amp; Co., Inc. (EIN#94-1737782)</b> |               |  |
|--|---------------|--|
| <b>Fund Family/Provider</b>  | <b>EIN</b>    | <b>Formula</b>   |
| Segall Bryant & Hamill   | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| SouthernSun Asset Management                                       | Not Available | Range of 0.10 - 0.40% of average daily balance of assets |
| Sprott   | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| T ROWE-PRICE   | Not Available | Rate of 0.15% of average daily balance of asset(s)       |
| TCW  | 95-2749628    | Range of 0.10 - 0.33% of average daily balance of assets |
| The Pacific Financial Group  | Not Available | Rate of 0.27% of average daily balance of asset(s)       |
| Thornburg  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Thrivent Funds   | 39-0123480    | Rate of 0.36% of average daily balance of asset(s)       |
| Value Line   | 13-3139843    | Range of 0.10 - 0.40% of average daily balance of assets |
| VanEck   | Not Available | Rate of 0.40% of average daily balance of asset(s)       |
| Veracity Funds   | 20-0872988    | Rate of 0.40% of average daily balance of asset(s)       |
| Voya   | 95-4516049    | Rate of 0.10% of average daily balance of asset(s)       |
| Wasatch  | 87-0319391    | Range of 0.10 - 0.40% of average daily balance of assets |
| WCM Investment Management  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |
| Zeo  | Not Available | Rate of 0.10% of average daily balance of asset(s)       |

Please note, the EIN for Fund Family/Provider was provided by Morningstar and is based on how the fund is marketed on the fund website or in other sales literature. Morningstar evaluates the legal entity options that are available and assigns the Provider Company EIN reflected in the above table(s). The EIN should be representative of the fund company or its affiliates, one or more of which may pay Schwab for shareholder related services.

**For more details, please refer to your Schwab service, trust or custody agreements.**

**If you need additional information, please contact your Schwab service representative.**

# NFP Corp. 401(k) Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
 EIN: 13-4029115 Plan Number: 001

December 31, 2024

| (a)  | (b)  | (c)  | (d)  | (e)                   |
|--|--|--|------|-----------------------|
| Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value |  | Cost | Current Value         |
| <b>Registered Investment Companies</b>                 |  |  |      |                       |
| American Funds   |  | EuroPacific Growth Fund  | **   | \$ 41,229,802         |
| Dimensional Fund Advisors                              |  | U.S. Targeted Value Fund   | **   | 34,952,392            |
| JP Morgan  |  | Small Cap Growth R6  | **   | 25,623,690            |
| <b>Total Registered Investment Companies</b>           |  |  |      | <b>101,805,884</b>    |
| <b>Collective Investment Trusts</b>                    |  |  |      |                       |
| Blackrock  |  | Equity Index Fund  | **   | 129,274,438           |
| Blackrock  |  | MSCI ACWI US Index Fund  | **   | 21,608,091            |
| Blackrock  |  | Russell 2000 Index Fund  | **   | 33,213,167            |
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| Great Gray   |  | flexPATH IDX Conservative 2045   | **   | 5,315,033             |
| Great Gray   |  | flexPATH IDX Conservative 2055   | **   | 3,787,925             |
| Great Gray   |  | flexPATH IDX Conservative RET  | **   | 19,127,958            |
| Great Gray   |  | flexPATH IDX Moderate 2035 I1  | **   | 42,592,418            |
| Great Gray   |  | flexPATH IDX Moderate 2045 I1  | **   | 25,332,875            |
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| Great Gray   |  | flexPATH IDX Moderate RT I1  | **   | 27,876,497            |
| Great Gray   |  | Intl Stock Fund Class I1   | **   | 8,549,739             |
| Great Gray   |  | Large-Cap Value Fund Cl I1   | **   | 54,402,379            |
| Putnam Fiduciary Trust                                 |  | Stable Value CIT   | **   | 29,367,646            |
| Great Gray   |  | Lg-Cap Grth  | **   | 58,613,129            |
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| Great Gray   |  | flexPATH PL CNSRV 2065 R1  | **   | 899,527               |
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| <b>Other</b>   |  |  |      |                       |
| *  | Charles Schwab   | Assets held in self-directed brokerage accounts, common stock, and registered investment companies | **   | 159,867,661           |
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| *  | <b>Participant Loans</b>   | Interest rates ranging from 3.75% to 9.50%   |      | 10,364,081            |
| <b>Total</b>   |  |  |      | <b>\$ 976,746,500</b> |

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