Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 030

1c Effective date of plan 10/01/1983

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
DOVER CORPORATION

3005 HIGHLAND PARK
SUITE 200
DOWNERS GROVE, IL 60515

2b Employer Identification Number (EIN) 53-0257888

2c Plan Sponsor's telephone number 630-541-1540

2d Business code (see instructions) 333310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	DANIEL J CURCIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	DANIEL J CURCIO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	18306
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	11254
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	11254
b	Retired or separated participants receiving benefits	**6b**	659
c	Other retired or separated participants entitled to future benefits	**6c**	5652
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	17565
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	230
f	Total. Add lines **6d** and **6e**.	**6f**	17795
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	18009
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	17673
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	233
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2I 2J 2K 2O 2S 2T 3H 3I

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 10
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN GENERAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-3389410	60488	21008		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	10349679

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	10599353
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	338088		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	338088
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	10937441
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	430000		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	430000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	10507441

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	S00034		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	10884537

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	11578178
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	334946		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	334946
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	11913124
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	450000		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ ADJUSTMENT TO CONTRACT VALUE	7e(4)	724018		
	(5) Total deductions			7e(5)	1174018
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	10739106

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1140070	65676	BVW0103A		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	12086415

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	12314068
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	414533		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	414533
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	12728601
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	500000		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	500000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	12228601

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	AMP_DOV_IP_0522		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	11847121

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	12162153
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	377150		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	377150
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	12539303
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	490000		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	490000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	12049303

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

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

1 Coverage Information:

(a) Name of insurance carrier
PACIFIC LIFE INSURANCE POLICY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	G027863.01.0001		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	11975907

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	12243667
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	389486		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	389486
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	12633153
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	490000		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	490000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	12143153

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	728113		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	1346717

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1302440
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	44283		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	44283
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1346723
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1346723

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	064341		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	11862914

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	12172106
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	376139		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	376139
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	12548245
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	490000		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	490000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	12058245

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

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

1 Coverage Information:

(a) Name of insurance carrier
RGA REINSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-1235868	93572	RGA00110		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	12108237

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	12260187
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	395456		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	395456
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	12655643
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	490000		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	490000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	12165643

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

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

1 Coverage Information:

(a) Name of insurance carrier
UNITED OF OMAHA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	SDGA-30527		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	2721268

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	3294832
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	99319		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	99319
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3394151
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	674816		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	674816
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2719335

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA FINANCIAL SERVICES

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	060519		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	11991319

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	12250397
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	392708		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	392708
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	12643105
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	490000		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	490000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	12153105

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶	
DOVER CORPORATION RETIREMENT SAVINGS PLAN		030
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
DOVER CORPORATION	53-0257888	

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

(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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 60 62 71 72	RECORDKEEPER	999976	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 70 99	CONSULTANT	197828	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70 99	CONSULTANT	51268	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

INSERO &CO

47-5324570

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	49900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTERNATIONAL EQUITY C

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
99-2209923-001	C	36808478

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE US STRUCTRD RSCH

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-1309931-010	C	208435610

a Name of MTIA, CCT, PSA, or 103-12 IE: SNYDER CAP SMALL MID CAP VL R2

b Name of sponsor of entity listed in (a): HAND BENEFIT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
74-2008758-185	C	46477024

a Name of MTIA, CCT, PSA, or 103-12 IE: ARISTOTLE SMID CAP EQUITY CLASS B

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-3397846-004	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTL EQUITY CLASS C

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6253445-011	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL CORE PLUS BOND 6

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-6994310-165	C	29605945

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD BOND INDEX UNIT D

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-6321044-001	C	37861152

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTL 500 IDX UNIT D

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-6327546-001	C	212202335

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL EXTENDED MAR

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-6324211-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTL EXTND MRK IDX UNIT D

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-6324211-001	C	89414249

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTNL TOTAL INTRNL UNIT D

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-6317280-001	C	48021406

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083983-001	C	28236259

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083981-001	C	66723056

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6083975-001	C	133720479

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2055 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-6715074-001	C	48057620

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2060 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-3799212-001	C	28132468

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2065 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6190443-001	C	11715454

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INCOME

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 87-6418227-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 311876

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083979-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152155968

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083977-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99237053

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083973-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65474399

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083969-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58056710

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2070 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 87-7035538-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1686582

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INCOME T

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083968-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29916378

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL INSTL TOTAL INTL STK

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 81-6317280-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR SMALL MID CAP GROWTH

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 27-6331814-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	17693142	18861449
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7317385	9116098
(2) U.S. Government securities	1c(2)	16324601	16560459
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	73849440	74923671
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	23782608	24451116
(9) Value of interest in common/collective trusts	1c(9)	1242559727	1432250503
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	59307146	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4597063	4068184

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	415559993	419698802
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1860991105	1999930282
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1860991105	1999930282

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	49307152	
(B) Participants	2a(1)(B)	72975033	
(C) Others (including rollovers)	2a(1)(C)	8737770	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		131019955
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17040	
(B) U.S. Government securities	2b(1)(B)	169696	
(C) Corporate debt instruments	2b(1)(C)	480339	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1648418	
(F) Other	2b(1)(F)	2494836	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4810329
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4457884	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	245227	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4703111
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	99729914	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	100688067	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-958153
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	20424802	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		20424802

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		203609979
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2299894
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		365909917
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	232322281	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	-143237	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		232179044
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	999976	
(4) IQPA audit fees	2i(4)	49900	
(5) Investment advisory and investment management fees	2i(5)	102536	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	146560	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1298972
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		233478016
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		132431901
l Transfers of assets:			
(1) To this plan	2l(1)		6507276
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: INSERO & CO **(2)** EIN: 47-5324570

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DOVER CORPORATION RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 030

C Plan sponsor's name as shown on line 2a of Form 5500
DOVER CORPORATION

D Employer Identification Number (EIN)
53-0257888

Part I Distributions

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

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

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

EIN(s): 94-1687665

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

DOVER COPORATION RETIREMENT SAVINGS PLAN

FINANCIAL REPORT

For the Year Ended
December 31, 2025



Dover Corporation Retirement Savings Plan
Index to Financial Statements
December 31, 2025 and 2024

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Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Independent Auditor's Report

To the Plan Administrator and Plan Participants
Dover Corporation Retirement Savings Plan

We have audited the financial statements of the Dover Corporation Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

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 audit opinion.

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements
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.

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.

Supplemental Schedule Required by ERISA
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) at December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (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 has been subjected to the 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Insero & Co. CPAs, LLP
Certified Public Accountants

Rochester, New York
June 24, 2026

Dover Corporation Retirement Savings Plan
Statements of Net Assets Available for Benefits
(in thousands)

	December 31,	
	2025	**2024**
Assets:		
Investments:		
Investments at fair value	$ 1,860,147	$ 1,724,261
Investments at contract value	98,111	100,177
Total investments	1,958,258	1,824,438
Receivables:		
Employer contributions receivable	18,861	17,693
Notes receivable from participants	24,451	23,783
Total receivables	43,312	41,476
Net assets available for benefits	$ 2,001,570	$ 1,865,914

See Notes to Financial Statements

Dover Corporation Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
(in thousands)

	For the Year Ended December 31, 2025
Additions:	
Investment income:	
Dividends and interest	$ 7,865
Net appreciation in investments	222,094
Total investment income	229,959
Interest income on notes receivable from participants	1,648
Contributions:	
Participant	72,975
Employer	49,307
Rollovers	8,738
Total contributions	131,020
Total additions	362,627
Deductions:	
Distributions	(232,179)
Administrative expenses	(1,299)
Total deductions	(233,478)
Increase in net assets available for benefits prior to transfers	129,149
Plan transfers	6,507
Increase in net assets available for benefits after transfers	135,656
Net assets available for benefits:	
Beginning of year	1,865,914
End of year	$ 2,001,570

See Notes to Financial Statements

1. Description of the Plan

The following description of the Dover Corporation Retirement Savings Plan (the "Plan") provides only general plan-related information. This description reflects the governing terms and conditions which are contained in the written Plan document. 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 established to encourage and facilitate retirement savings and investment by eligible employees of Dover Corporation and its subsidiaries ("Dover"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The assets of the Plan that are invested in Dover common stock are held in a separate fund ("Dover Stock Fund") which constitutes an Employee Stock Ownership Plan (an "ESOP") as described under certain sections of the Internal Revenue Code ("IRC"), as amended. The Plan gives participants the option to receive cash dividends attributable to the portion of respective account balances held in the Dover Stock Fund. This allows Dover to deduct, for Federal income tax purposes, the dividends paid with respect to the Dover common stock in the Dover Stock Fund, regardless of whether participants actually receive the dividends in cash.

Bank of America, N.A. is the trustee for the Plan and has served in that capacity since September 1, 2020. The trustee has authority from Dover's Benefits Committee (the "Plan Administrator") to purchase and sell securities.

Eligibility

Eligible employees of Dover who have elected to participate in the Plan may make pre-tax deferrals or Roth 401(k) contributions to the Plan. Subsidiaries of Dover that participate in the Plan (each, a "Participating Employer") make matching contributions and may make discretionary profit-sharing contributions and automatic base contributions to the Plan. Generally, all employees of such participating companies who have reached age 18 are immediately eligible to participate in the Plan.

Automatic Enrollment and Escalation

The Plan has an automatic enrollment feature for all employees. Eligible employees are enrolled automatically in the Plan at a 3% pre-tax contribution rate unless they formally elect to opt-out of the Plan or affirmatively elect to contribute at an alternative rate within thirty days starting at the date of hire. Participants who are automatically enrolled in the Plan will have their deferral amounts automatically increased by 1% annually (up to a maximum of 6%), unless they otherwise elect to opt-out of the automatic increase feature. Pre-tax contributions of participants who are automatically enrolled in the Plan will be invested in the appropriate Vanguard Target Retirement Fund based on the participant's date of birth unless the participant elects to have contributions invested within any of the other investments permitted under the Plan.

Contributions

Participant

Participant pre-tax deferrals and Roth 401(k) contributions from eligible compensation to the Plan are voluntary. Eligible compensation generally includes salary and wages, commissions and certain bonuses. Generally, participants may elect to defer between 1% to 50% (in whole percentages) of their eligible compensation ("Participant Contribution") to their accounts in the Plan. Participants who have attained the age of 50 by the end of the Plan Year are eligible to make catch-up contributions. The pre-tax deferrals promote retirement savings while lowering current taxable income to participants. Roth 401(k) contributions promote retirement savings by allowing participation on an after-tax basis with tax free distribution of qualified withdrawals. The total amounts of participant pre-tax deferrals, Roth 401(k) contributions and catch-up contributions that participants are allowed to make to the Plan on an annual basis are subject to applicable IRC limits. Each participant also has the right to roll over certain distributions into the Plan from other tax-qualified plans or appropriate individual retirement accounts.

Employer

The Plan allows for a fixed per-payroll matching contribution ("Basic Employer Matching Contribution"). The Basic Employer Matching Contribution is generally 100% on the first 1% and 50% on the next 5% of pre-tax deferrals or Roth 401(k) contributions to the Plan. The Basic Employer Matching Contribution formula for employees covered under a collective bargaining agreement may vary between Participating Employers. Basic Employer Matching Contributions may be made in the form of cash or Dover stock.

Generally, in any Plan Year in which a participant does not receive the maximum Basic Employer Matching Contribution to which he or she is entitled (due to periodic payroll-based limitations or changes to individual deferral rates during the Plan Year), the Participating Employers will make an annual true-up matching contribution shortly after the end of the year which allows eligible participants to receive the maximum allowable Basic Employer Matching Contribution to which they are entitled.

In addition to the Basic Employer Matching Contribution, Participating Employers make an annual automatic non-elective contribution equal to the greater of 1% of pay or 750 dollars to employees who are actively employed on the last day of the Plan Year. A Participating Employer may also elect to make a profit sharing contribution based on a stated formula.

Vesting

All participants are fully vested immediately with respect to their own pre-tax deferrals, Roth 401(k) contributions, catch-up contributions and Basic Employer Matching Contributions. Generally, the automatic non-elective contributions vest immediately for employees of Participating Employers.

Except for those Participating Employers whose employees' profit-sharing contribution accounts are immediately vested, a participant's profit-sharing account generally becomes fully vested after five years of service at a rate of 20% per year. A participant's profit-sharing account may also become fully vested upon the participant's attainment of age 65 while he or she is a Dover employee, in the event of his or her death or permanent disability while a Dover employee, or if the Plan is terminated.

Distributions and Forfeitures

A participant's vested account balance in the Plan is distributable following the participant's retirement, death, or other termination of employment. Unvested amounts are forfeited and used to offset future employer contributions, future administrative expenses of the Plan, or in the event that a participant is re-employed with Dover Corporation and fulfills certain requirements, as defined in the Plan document, to restore previously forfeited amounts. As of December 31, 2025 and 2024, accumulated forfeited unvested amounts totaled $1,925 and $1,306, respectively. During the 2025 Plan Year, forfeitures used from unvested amounts were not material.

Hardship withdrawals are permitted for any participants who are actively employed and demonstrate a financial hardship which meets IRC regulations to be considered an "immediate and heavy financial need." The hardship withdrawal amount is limited to the amount "necessary" to satisfy the financial need, but may be increased to cover income taxes that the participant is expected to incur on the amount of the withdrawal. In addition to federal tax withholding, hardship withdrawals are generally subject to a 10% excise tax.

Distributions from the Plan are generally made in the form of single lump sum payments, although the Plan allows terminated, fully-vested participants who have reached age 55 the option to receive installment distribution payments. Distributions may be made payable directly to participants with income taxes withheld, or may be rolled over to another qualified retirement plan or individual retirement account. For distributions that include Dover stock, the participant may elect to receive whole shares of Dover stock "in-kind" and the remaining fractional share in cash.

Notes Receivable from Participants

A participant may borrow from his or her vested interest in the Plan, subject to applicable IRC regulations and certain restrictions imposed by the Plan. The minimum amount that can be borrowed is $1 for each loan. The maximum amount that can be borrowed is the lesser of (i) 50% of the eligible vested account balance, (ii) $50, reduced by the highest outstanding balance of Plan loans during the previous 12 months or (iii) the combined value of the participant's salary reduction account and rollover account. The notes receivable are secured by the balances in the participant's vested accounts and participants repay the notes receivable in full or via payroll deduction. Each note receivable carries a reasonable rate of interest determined by the Plan Administrator to be commensurate with the prevailing interest rate charged on similar commercial loans made within the same locale and time period. Notes receivable outstanding as of December 31, 2025 bear interest at rates between 3.25% and 9.50%. A participant may have up to two outstanding notes receivable at one time and only one of which can be a primary residence loan. The loan repayment period is limited to 59 months for a general purpose loan and 359 months for a loan used to purchase or build a principal residence and repayments must be made in substantially level installments.

Allocation Provisions

Subject to the Plan's excessive trading restrictions, each participant has the right to direct the entire amount of his or her Plan account to be invested in one or more of the available investment funds in multiples of one percent. Each participant has the right during any business day to transfer all or any portion of the amount in his or her account among the investment funds. Participants who are considered Dover "insiders" may only complete transfers involving Dover stock during designated window periods.

Participants are entitled to vote with respect to any Dover shares in their Plan account in the same manner as other Dover stockholders. The trustee represents those participants who did not exercise voting rights by casting votes on their behalf in the same proportion as the shares of Dover stock in the Plan for which it received voting instructions.

Administrative Expenses

Certain administrative expenses of the Plan related to the trustee, recordkeeping, legal, and audit fees are paid by the trust generally. Certain other participant-specific administrative expenses such as processing fees are paid by participants through reductions to their specific Plan account balances. Fees or commissions associated with each of the investment options are paid as a deduction from the amount invested or as an offset to investment earnings.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements were prepared on the accrual basis of accounting in conformity with generally accepted accounting principles in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts and disclosures of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Risks and Uncertainties

The Plan utilizes various investment securities which are exposed to various risks, including, but not limited to, interest rate, market volatility, liquidity and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

At December 31, 2025 and 2024, 21.0% and 22.3%, respectively, of the Plan's net assets available for benefits were invested in Dover common stock.

Investment Valuation

The Plan's investments are reported at fair value (see Note 4 — Fair Value Measurements), except for fully benefit-responsive investment contracts, which are reported at contract value (see Note 3 — Investments).

Investment Transactions and Income Recognition

Purchases and sales of investment securities are reflected on a trade-date basis. Due to timing of settlements, there may be pending transactions as of the financial statement date that result in a receivable or payable to the Plan. Gains and losses on sales of investment securities are determined on the average cost method. Funds temporarily awaiting investment are placed in a short-term investment fund of the trustee where they earn the prevailing market rate of interest. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation or depreciation in its investments which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments bought and sold as well as held during the year.

Fair Value of Other Financial Instruments

The carrying amount of the contribution receivables and interest-bearing cash approximates fair value due to their short-term maturities.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest with no allowance for credit losses, as repayments of principal and interest are received through payroll deduction and the notes are collateralized by the participants' vested account balances. Interest income is recorded as earned.

Distributions to Participants

Distributions to participants are recorded in the Plan's financial statements when paid.

Excess Contributions

Refunds of excess participant pre-tax deferral, Roth 401(k) and catch-up contributions may be required to satisfy the relevant nondiscrimination and compliance provisions of the Plan. Such refunds are accrued as a liability and a reduction in contributions in the Plan Year in which the excess deferral was made to the Plan.

Plan Termination

Although it has not expressed any intent to do so, Dover retains the right under the Plan to discontinue all contributions at any time and to terminate the Plan, subject to the provisions of the Plan, ERISA and the IRC. In the event of Plan termination, participants will become 100% vested in their Plan accounts.

Recently Adopted Accounting Pronouncements

There were no recently adopted accounting pronouncements during either Plan Year presented.

Subsequent Events

Plan Management has evaluated subsequent events for recognition and disclosure through June 24, 2026, which is the date the financial statements were available to be issued.

3. Investments

The Plan Administrator periodically reviews the investment options available in the Plan to ensure that they continue to help participants reach retirement savings goals.

The Plan offered the following investment fund types during 2025 and 2024:

Dover Stock Fund:
The Dover Stock Fund invests in Dover common stock and contains a nominal balance in money market instruments for liquidity purposes.

Mutual fund:
The mutual fund is traded in an active market and valued by obtaining quoted prices from nationally recognized securities exchanges and invests in domestic common stock.

Collective funds:
The collective funds are valued at their respective Net Asset Value ("NAV") as reported by such trust. The NAV is used as a practical expedient to estimate fair value based on the underlying assets of the trust. The fair value of the underlying assets is obtained by the Plan's trustee from information provided by each fund manager using their respective audited financial statements of the collective trusts at year end. Generally there are no restrictions on redemption of these investments, however, some investments may require an advance written notice to the trustee prior to redemption of trust units.

Dover Stable Value Fund:
The Dover Stable Value Fund invests in a diversified portfolio of fully benefit-responsive guaranteed investment contracts ("GICs"), including traditional and constant duration synthetic GICs and a money market fund. The money market fund is held at fair value and included in interest-bearing cash. See Note 4 — Fair Value Measurements.

The traditional GICs held by the Plan are guaranteed investment contracts where the contract issuer is contractually obligated to repay the principal on a specified date and interest at a specified interest rate. The crediting rate for traditional GICs is based on a competitive quote by the contract issuer and is fixed until maturity. The constant duration synthetic GICs are wrapper contracts paired with underlying investments which are owned by the Plan. The crediting rate for the constant duration synthetic GICs is based on a formula established by the contract issuer and is variable through maturity. The GICs allow participant-directed transactions to be made at contract value, which represents contributions plus interest earned, less benefits paid and transfers to other funds.

For both traditional and constant duration synthetic GICs, withdrawals and transfers resulting from certain events may limit the ability of the Plan to transact at contract value with the issuer of fully benefit-responsive investment contracts. These events include but are not limited to the following: (1) employer-initiated events which would have a material number of participants leave the Plan; (2) employer communications designed to induce participants to transfer from the fund; (3) a legal regulatory event such as an adverse ruling by a regulatory agency; and (4) changes of tax qualification status of the employer or the Plan. In such circumstances, fair market value would likely be used to determine payouts to participants. In general, the Plan may terminate the contract and settle at other than contract value due to breach of material obligations under the contract and misrepresentation by the contract holder, failure of the underlying portfolio to conform to the pre-established investment guidelines, or a request by the Plan sponsor to terminate or partially terminate the contract at fair market value. At this time, the Plan does not believe that an event limiting the Plan’s ability to transact with participants at contract value is probable.

The following table reflects the contract value for each type of fully benefit-responsive investment contract as of December 31, 2025 and 2024:

	As of December 31,	
	2025	**2024**
Traditional GICs	$ 4,066	$ 4,596
Constant duration synthetic GICs	94,045	95,581
Total	$ 98,111	$ 100,177

4. Fair Value Measurements

Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures,* defines fair value as the price at which an orderly transaction to sell the asset or to transfer the liability would take place between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions and risk of nonperformance.

ASC 820 also establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. ASC 820 establishes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices in active markets for identical assets or liabilities.

Mutual fund and Dover Stock Fund: These investments are public investment securities valued by obtaining quoted prices from nationally recognized securities exchanges.

Interest-bearing cash: Stated at cost, which approximates fair value.

Level 2: Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

There were no Level 2 investments held at fair value as of December 31, 2025 or 2024 or during the year ended December 31, 2025.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities or significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

There were no Level 3 investments held at fair value as of December 31, 2025 or 2024 or during the year ended December 31, 2025.

Below are the Plan's financial instruments carried at fair value by their ASC 820 fair value hierarchy level as of December 31, 2025 and 2024:

	As of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments:				
Dover Stock Fund	$ 419,699	$ —	$ —	$ 419,699
Interest-bearing cash	8,198	—	—	8,198
Total investments in the fair value hierarchy	$ 427,897	$ —	$ —	427,897
Investments measured at net asset value*				
Collective funds				1,432,250
Total investments at fair value				$ 1,860,147

	As of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments:				
Dover Stock Fund	$ 415,560	$ —	$ —	$ 415,560
Mutual fund	59,307	—	—	59,307
Interest-bearing cash	6,834	—	—	6,834
Total investments in the fair value hierarchy	$ 481,701	$ —	$ —	481,701
Investments measured at net asset value*				
Collective funds				1,242,560
Total investments at fair value				$ 1,724,261

* In accordance with Subtopic 820-10, certain investments that are measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

5. Related Party and Party-in-Interest Transactions

Certain Plan assets are invested in common stock of Dover. As the Plan sponsor, Dover is also a related party in accordance with Section 3.14 of ERISA. Certain Plan investments are managed by the trustee or companies owned by the trustee that qualify as party-in-interest transactions. Notes receivable from participants held by the Plan are also considered party-in-interest transactions.

Certain administrative functions are performed by employees of Dover and no such employee receives compensation from the Plan. Other expenses relating to the Plan, including certain legal and consulting services, are paid directly by Dover. Fees or commissions associated with each of the investment options are offset to investment earnings and certain administrative expenses of the Plan are paid primarily by Dover.

At December 31, 2025 and 2024, the Plan held 2,070 and 2,119 shares of Dover stock, respectively. Dividends received by the Plan on these shares totaled $4,331 for the year ended December 31, 2025. These transactions also qualify as party-in-interest transactions.

6. Income Tax Status

The Plan obtained its latest determination letter on April 28, 2015, in which the Internal Revenue Service stated that the Plan and related trust, as adopted, was designed in accordance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. Dover believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC in all material respects. Therefore, Dover believes that the Plan was qualified and the related Trust was tax-exempt as of the financial statement dates.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

7. Plan Transfers

On March 3, 2025, assets amounting to $6,507 were transferred into the Plan from the legal plan merger of the Marshall Excelsior Company Retirement Plan. Employees of this plan began participating in the Plan effective January 1, 2025.

8. Reconciliation of Financial Statements to Form 5500

The following are reconciliations of net assets available for benefits and changes in net assets available for benefits as presented in these financial statements to the balances per Form 5500:

	As of December 31,	
	2025	**2024**
Net assets available for plan benefits per the financial statements	$ 2,001,570	$ 1,865,914
Adjustment from contract value to fair value for fully benefit-responsive GICs	(1,640)	(4,923)
Net assets available for plan benefits per the Form 5500	$ 1,999,930	$ 1,860,991

	For the Year Ended December 31, 2025
Change in net assets available for benefits prior to transfers per the financial statements	$ 129,149
Change in adjustment from contract value to fair value for fully benefit-responsive GICs	3,283
Change in net assets available for benefits per the Form 5500	$ 132,432

Dover Corporation Retirement Savings Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
At December 31, 2025
(in thousands)

(a)	(b) Identity of Issuer, Borrower, Lender, etc.	(c) Description of Investment including maturity date, rate of interest, par value ($)	(e) Current Value
	Interest-bearing cash:		
*	Merrill Lynch Bank	Deposit program	$ 2,768
	Columbia	Money market funds	5,430
		Total interest-bearing cash	8,198
	Stock fund:		
*	Dover Corporation	Dover Stock Fund	419,699
	Collective funds:		
	GQG	GQG Partners International Equity CIT CL C	36,808
	T. Rowe	Structured Research Common Trust Fund Class C	208,436
	Vanguard	Target Retirement Income Trust I	29,916
	Vanguard	Target Retirement 2020 Trust I	28,236
	Vanguard	Target Retirement 2025 Trust I	66,723
	Vanguard	Target Retirement 2030 Trust I	152,156
	Vanguard	Target Retirement 2035 Trust I	99,237
	Vanguard	Target Retirement 2040 Trust I	133,721
	Vanguard	Target Retirement 2045 Trust I	65,474
	Vanguard	Target Retirement 2050 Trust I	58,057
	Vanguard	Target Retirement 2055 Trust I	48,058
	Vanguard	Target Retirement 2060 Trust I	28,133
	Vanguard	Target Retirement 2065 Trust I	11,715
	Vanguard	Target Retirement 2070 Trust I	1,687
	Vanguard	Target Retirement INCM & GR	312
	Vanguard	Vanguard Total Bond Index Unit D	37,861
	Vanguard	Vanguard Institutional Extended Market Index Unit D	89,414
	Vanguard	Vanguard Institutional 500 Index Unit D	212,202
	Vanguard	Vanguard Institutional Total International Stock Market Index Trust Unit D	48,021
	Prudential	Prudential Core Plus Bond 6	29,606
	Snyder	Small/Mid Cap Value Class R2	46,477
		Total collective funds	1,432,250
	Dover stable value fund:		
	Fully benefit-responsive investment contracts:		
**	Principal Life	Traditional guaranteed investment contract	1,347
**	United of Omaha	Traditional guaranteed investment contract	1,350
**	United of Omaha	Traditional guaranteed investment contract	1,369
	ABBVIE INC	4.88% - 03/15/2030 - 350	361
	AMCAR_24-1	5.43% - 01/18/2029 - 599	604
	AMERICAN TOWER CORPORATIO	5.00% - 01/31/2030 - 325	333
	AMGEN INC	4.05% - 08/18/2029 - 350	350

(a)	(b) Identity of Issuer, Borrower, Lender, etc.	(c) Description of Investment including maturity date, rate of interest, par value ($)	(e) Current Value
	AMXCA_25-4	4.30% - 07/15/2030 - 650	659
	APPLE INC	1.20% - 02/08/2028 - 375	357
	ASTRAZENECA FINANCE LLC	4.85% - 02/26/2029 - 350	359
	AT&T INC	4.70% - 08/15/2030 - 400	407
	BAE SYSTEMS PLC	3.40% - 04/15/2030 - 425	411
*	BANK OF AMERICA CORP	5.16% - 01/24/2031 - 875	904
	BANK OF MONTREAL	4.35% - 09/22/2031 - 375	374
	BANK OF NEW YORK MELLON C	4.94% - 02/11/2031 - 375	386
	BANK OF NOVA SCOTIA	5.13% - 02/14/2031 - 365	376
	BANK_17-BNK7	3.18% - 09/15/2060 - 270	266
	BANK_21-BN31	1.74% - 02/15/2054 - 300	286
	BANK5_23-5YR4	6.50% - 12/15/2056 - 303	319
	BECTON DICKINSON AND COMP	5.08% - 06/07/2029 - 325	334
	BERKSHIRE HATHAWAY ENERGY	3.25% - 04/15/2028 - 300	296
	BMWLT_24-1	5.00% - 06/25/2027 - 750	754
	BMWOT_22-A	3.44% - 12/26/2028 - 230	229
	BOEING CO	5.15% - 05/01/2030 - 350	360
	BP CAPITAL MARKETS AMERIC	4.87% - 11/25/2029 - 350	359
	BRISTOL-MYERS SQUIBB CO	1.45% - 11/13/2030 - 425	376
	BROADCOM INC	5.15% - 11/15/2031 - 350	363
	CARMX_25-3	4.35% - 07/15/2030 - 1,100	1,109
	CARRIER GLOBAL CORP	2.49% - 02/15/2027 - 325	320
	CATERPILLAR FINANCIAL SER	4.38% - 08/16/2029 - 350	355
	CFCRE_17-C8	3.37% - 06/15/2050 - 9	9
	CGCMT_16-P6	3.46% - 12/10/2049 - 510	507
	CGCMT_18-B2	3.74% - 03/10/2051 - 242	239
	CGCMT_20-GC46	2.61% - 02/15/2053 - 293	285
	CHUBB INA HOLDINGS INC	4.65% - 08/15/2029 - 315	322
	CIGNA GROUP	4.50% - 09/15/2030 - 325	327
	CITIGROUP INC	4.50% - 09/11/2031 - 775	777
	CMS ENERGY CORPORATION	3.45% - 08/15/2027 - 325	322
	CNH_24-C	4.03% - 01/15/2030 - 1,450	1,455
	CNH_25-B	4.30% - 10/15/2030 - 1,000	1,011
	COLUMBIA TR MM FUND ZERO	Money Market	918
	COMCAST CORPORATION	3.40% - 04/01/2030 - 425	412
	COMM_16-COR1	2.97% - 10/10/2049 - 18	18
	COMM_18-COR3	4.18% - 05/10/2051 - 650	651
	COPAR_23-2	5.82% - 06/15/2028 - 404	408
	COREBRIDGE GLOBAL FUNDING	5.20% - 06/24/2029 - 300	308
	CRVNA_21-N1	0.70% - 01/10/2028 - 17	17
	CRVNA_21-N4	1.80% - 09/11/2028 - 217	213
	CRVNA_25-P1	4.55% - 05/10/2030 - 925	931
	CRVNA_25-P4	4.14% - 12/10/2030 - 525	526
	CSAIL_19-C15	3.90% - 03/15/2052 - 199	199
	CSAIL_19-C16	3.14% - 06/15/2052 - 38	37
	CSAIL_19-C17	2.96% - 09/15/2052 - 546	538
	CSAIL_19-C18	2.87% - 12/15/2052 - 549	538
	CVS HEALTH CORP	5.13% - 02/21/2030 - 350	360
	DBJPM_16-C3	2.89% - 08/10/2049 - 450	447

(a)	(b) Identity of Issuer, Borrower, Lender, etc.	(c) Description of Investment including maturity date, rate of interest, par value ($)	(e) Current Value
	DIAGEO INVESTMENT CORPORA	5.13% - 08/15/2030 - 350	363
	DOMINION ENERGY INC	5.00% - 06/15/2030 - 300	308
	DUKE ENERGY CORP	4.85% - 01/05/2029 - 300	306
	EART_24-4A	5.28% - 08/15/2030 - 187	187
	EFF_24-1	5.23% - 03/20/2030 - 149	151
	ELEVANCE HEALTH INC	5.15% - 06/15/2029 - 350	361
	ENBRIDGE INC	4.50% - 02/15/2031 - 325	325
	ENERGY TRANSFER LP	5.20% - 04/01/2030 - 325	335
	ENTERPRISE PRODUCTS OPERA	4.60% - 01/15/2031 - 325	329
	ERAC USA FINANCE LLC	5.00% - 02/15/2029 - 325	333
	EXELON CORPORATION	5.15% - 03/15/2029 - 300	309
	FFCB	4.63% - 11/13/2028 - 775	796
	FFCB	4.88% - 04/20/2026 - 3,400	3,411
	FGOLD 15YR	3.50% - 02/01/2026 - 0	0
	FGOLD 15YR	4.00% - 03/01/2026 - 0	0
	FGOLD 15YR	3.50% - 03/01/2026 - 0	0
	FGOLD 15YR	3.50% - 03/01/2026 - 0	0
	FGOLD 15YR	4.00% - 03/01/2026 - 0	0
	FGOLD 15YR	3.50% - 03/01/2026 - 0	0
	FGOLD 15YR	3.50% - 04/01/2026 - 0	0
	FGOLD 15YR	4.00% - 05/01/2026 - 0	0
	FGOLD 15YR	3.50% - 04/01/2026 - 0	0
	FGOLD 15YR	3.50% - 08/01/2026 - 1	1
	FGOLD 15YR	3.50% - 06/01/2026 - 0	0
	FGOLD 15YR	3.50% - 06/01/2026 - 0	0
	FGOLD 15YR	4.00% - 06/01/2026 - 1	1
	FGOLD 15YR	3.50% - 08/01/2026 - 0	0
	FGOLD 15YR	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR	3.50% - 08/01/2026 - 0	0
	FGOLD 15YR	3.50% - 08/01/2026 - 0	0
	FGOLD 15YR	3.50% - 08/01/2026 - 0	0
	FGOLD 15YR	3.50% - 09/01/2026 - 1	1
	FGOLD 15YR	3.50% - 09/01/2026 - 0	0
	FGOLD 15YR	3.00% - 09/01/2026 - 0	0
	FGOLD 15YR	3.00% - 02/01/2027 - 0	0
	FGOLD 15YR	3.00% - 12/01/2026 - 0	0
	FGOLD 15YR	3.50% - 01/01/2027 - 0	0
	FGOLD 15YR	3.50% - 03/01/2027 - 2	2
	FGOLD 15YR	3.50% - 06/01/2026 - 0	0
	FGOLD 15YR	3.50% - 05/01/2026 - 0	0
	FGOLD 15YR	3.50% - 06/01/2026 - 0	0
	FGOLD 15YR	3.50% - 07/01/2026 - 1	1
	FGOLD 15YR	3.50% - 10/01/2026 - 0	0
	FGOLD 15YR	3.50% - 09/01/2026 - 1	1
	FGOLD 15YR	3.50% - 05/01/2032 - 6	6
	FGOLD 15YR	3.00% - 07/01/2032 - 3	2
	FGOLD 15YR	3.00% - 01/01/2033 - 54	53
	FGOLD 15YR	3.00% - 03/01/2033 - 27	26
	FGOLD 15YR GIANT	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR GIANT	4.00% - 04/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 08/01/2029 - 6	6

(a)	(b) Identity of Issuer, Borrower, Lender, etc.	(c) Description of Investment including maturity date, rate of interest, par value ($)	(e) Current Value
	FGOLD 15YR GIANT	3.50% - 09/01/2029 - 2	2
	FGOLD 15YR GIANT	3.50% - 09/01/2026 - 0	0
	FGOLD 15YR GIANT	4.00% - 07/01/2026 - 0	0
	FGOLD 15YR GIANT	4.00% - 06/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 05/01/2027 - 0	0
	FGOLD 15YR GIANT	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR GIANT	4.00% - 05/01/2026 - 0	0
	FGOLD 15YR GIANT	4.00% - 07/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 01/01/2027 - 2	2
	FGOLD 15YR GIANT	3.50% - 09/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 01/01/2029 - 1	1
	FGOLD 15YR GIANT	3.50% - 11/01/2029 - 1	1
	FGOLD 15YR GIANT	3.50% - 08/01/2032 - 1	1
	FGOLD 15YR GIANT	3.50% - 03/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 06/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 08/01/2026 - 1	1
	FGOLD 15YR GIANT	3.50% - 09/01/2026 - 1	1
	FGOLD 15YR GIANT	3.50% - 04/01/2027 - 0	0
	FGOLD 15YR GIANT	3.50% - 03/01/2029 - 0	0
	FGOLD 15YR GIANT	3.50% - 10/01/2028 - 0	0
	FGOLD 15YR GIANT	3.50% - 08/01/2029 - 10	10
	FGOLD 15YR GIANT	3.50% - 11/01/2029 - 17	16
	FGOLD 15YR GIANT	3.50% - 04/01/2030 - 1	1
	FGOLD 15YR GIANT	3.00% - 05/01/2031 - 16	15
	FGOLD 15YR GIANT	3.50% - 08/01/2033 - 13	13
	FGOLD 15YR GIANT	3.00% - 09/01/2033 - 13	13
	FGOLD 15YR GIANT	3.50% - 12/01/2033 - 19	18
	FGOLD 30YR	6.50% - 03/01/2032 - 2	3
	FGOLD 30YR GIANT	4.00% - 12/01/2042 - 14	13
	FGOLD 30YR GIANT	3.50% - 03/01/2045 - 5	4
	FGOLD 30YR GIANT	4.00% - 03/01/2045 - 3	3
	FGOLD 30YR GIANT	4.00% - 02/01/2045 - 2	2
	FGOLD 30YR GIANT	3.50% - 09/01/2045 - 3	3
	FGOLD 30YR GIANT	3.50% - 06/01/2045 - 7	7
	FGOLD 30YR GIANT	3.50% - 12/01/2045 - 7	7
	FGOLD 30YR GIANT	3.50% - 06/01/2046 - 5	5
	FGOLD 30YR GIANT	3.50% - 08/01/2046 - 12	11
	FHLB	3.00% - 03/12/2027 - 50	50
	FHLB	2.13% - 12/11/2026 - 300	296
	FHLB	2.13% - 12/14/2029 - 1,750	1,648
	FHLB	3.50% - 10/04/2027 - 325	325
	FHLMC 15YR UMBS	3.00% - 12/01/2034 - 27	27
	FHLMC 15YR UMBS	3.00% - 12/01/2034 - 20	20
	FHLMC 15YR UMBS	2.00% - 08/01/2035 - 37	34
	FHLMC 15YR UMBS	2.00% - 08/01/2035 - 53	50
	FHLMC 15YR UMBS MIRROR	3.00% - 03/01/2031 - 76	74
	FHLMC 15YR UMBS MIRROR	3.00% - 01/01/2033 - 70	68
	FHLMC 15YR UMBS MIRROR	2.50% - 04/01/2030 - 10	10
	FHLMC 15YR UMBS MIRROR	2.50% - 11/01/2032 - 80	77
	FHLMC 15YR UMBS MIRROR	2.50% - 07/01/2032 - 5	5
	FHLMC 15YR UMBS MIRROR	2.50% - 05/01/2033 - 84	80

(a)	(b) Identity of Issuer, Borrower, Lender, etc.	(c) Description of Investment including maturity date, rate of interest, par value ($)	(e) Current Value
	FHLMC 15YR UMBS MIRROR	3.00% - 04/01/2034 - 23	22
	FHLMC 15YR UMBS SUPER	3.00% - 01/01/2034 - 23	23
	FHLMC 15YR UMBS SUPER	3.00% - 08/01/2034 - 15	15
	FHLMC 15YR UMBS SUPER	2.50% - 08/01/2034 - 45	43
	FHLMC 15YR UMBS SUPER	2.50% - 10/01/2034 - 8	8
	FHLMC 15YR UMBS SUPER	2.00% - 06/01/2035 - 176	163
	FHLMC 15YR UMBS SUPER	2.00% - 09/01/2035 - 38	35
	FHLMC 15YR UMBS SUPER	2.00% - 10/01/2035 - 40	38
	FHLMC 15YR UMBS SUPER	2.50% - 09/01/2037 - 313	296
	FHLMC 15YR UMBS SUPER	5.00% - 07/01/2038 - 310	314
	FHLMC 15YR UMBS SUPER	5.50% - 11/01/2038 - 131	135
	FHLMC 15YR UMBS SUPER	5.50% - 08/01/2039 - 196	201
	FHLMC GOLD 30YR	3.50% - 03/01/2045 - 8	8
	FHLMC GOLD 30YR	3.50% - 05/01/2046 - 4	4
	FHLMC_K059	3.12% - 09/25/2026 - 296	294
	FHLMC_K060	3.30% - 10/25/2026 - 295	293
	FHLMC_K063	3.43% - 01/25/2027 - 325	324
	FHLMC_K066	2.80% - 12/25/2026 - 40	40
	FHLMC_K072	3.44% - 12/25/2027 - 700	695
	FHLMC_K078	3.85% - 06/25/2028 - 200	201
	FNMA 15YR	3.50% - 01/01/2026 - 0	0
	FNMA 15YR	3.50% - 02/01/2026 - 0	0
	FNMA 15YR	3.50% - 08/01/2026 - 1	1
	FNMA 15YR	3.50% - 01/01/2026 - 0	0
	FNMA 30YR	5.00% - 08/01/2034 - 6	6
	FNMA 30YR	5.50% - 10/01/2032 - 2	2
	FNMA 30YR	5.50% - 03/01/2033 - 9	9
	FNMA 30YR	5.50% - 03/01/2033 - 2	2
	FNMA 30YR	5.50% - 08/01/2033 - 0	0
	FNMA 30YR	5.00% - 03/01/2036 - 4	4
	FNMA 30YR	5.50% - 02/01/2029 - 3	3
	FNMA BENCHMARK NOTES	6.63% - 11/15/2030 - 1,575	1,776
	FNMA 10/1 HYBRID ARM	5.94% - 11/01/2033 - 2	2
	FNMA 10/1 HYBRID ARM	6.07% - 12/01/2033 - 1	1
	FNMA 10/1 HYBRID ARM	6.30% - 10/01/2034 - 2	2
	FNMA 15YR	3.50% - 02/01/2026 - 0	0
	FNMA 15YR	3.50% - 02/01/2026 - 0	0
	FNMA 15YR	4.00% - 03/01/2026 - 0	0
	FNMA 15YR	4.00% - 05/01/2026 - 0	0
	FNMA 15YR	3.50% - 09/01/2026 - 0	0
	FNMA 15YR	3.50% - 10/01/2026 - 0	0
	FNMA 15YR	4.50% - 06/01/2026 - 0	0
	FNMA 15YR	3.50% - 08/01/2026 - 1	1
	FNMA 15YR	3.50% - 09/01/2026 - 0	0
	FNMA 15YR	3.50% - 10/01/2026 - 3	3
	FNMA 15YR	3.50% - 11/01/2026 - 0	0
	FNMA 15YR	3.50% - 01/01/2027 - 3	3
	FNMA 15YR	4.00% - 11/01/2026 - 0	0
	FNMA 15YR	3.50% - 01/01/2027 - 3	3
	FNMA 15YR	3.50% - 08/01/2027 - 2	2
	FNMA 15YR	3.50% - 11/01/2027 - 1	1
	FNMA 15YR	3.50% - 06/01/2027 - 0	0

(a)	(b) Identity of Issuer, Borrower, Lender, etc.	(c) Description of Investment including maturity date, rate of interest, par value ($)	(e) Current Value
	FNMA 15YR	4.00% - 01/01/2029 - 1	1
	FNMA 15YR	4.00% - 01/01/2029 - 1	1
	FNMA 15YR	4.00% - 01/01/2029 - 1	1
	FNMA 15YR	4.00% - 01/01/2029 - 1	1
	FNMA 15YR	3.50% - 10/01/2029 - 3	3
	FNMA 15YR	3.50% - 04/01/2030 - 6	6
	FNMA 15YR	3.00% - 09/01/2031 - 2	2
	FNMA 15YR	3.00% - 11/01/2031 - 1	1
	FNMA 15YR	3.50% - 06/01/2030 - 26	26
	FNMA 15YR	3.50% - 02/01/2031 - 11	11
	FNMA 15YR	3.50% - 10/01/2028 - 18	18
	FNMA 15YR	3.50% - 11/01/2028 - 4	4
	FNMA 15YR	3.50% - 12/01/2028 - 1	1
	FNMA 15YR	3.50% - 06/01/2029 - 10	10
	FNMA 15YR	3.50% - 08/01/2029 - 1	1
	FNMA 15YR	3.50% - 09/01/2029 - 2	2
	FNMA 15YR	3.00% - 07/01/2030 - 3	3
	FNMA 15YR	3.00% - 10/01/2030 - 20	20
	FNMA 15YR	3.00% - 10/01/2030 - 1	1
	FNMA 15YR	3.00% - 02/01/2031 - 11	11
	FNMA 15YR	3.00% - 04/01/2031 - 14	14
	FNMA 15YR	2.00% - 02/01/2032 - 28	27
	FNMA 15YR	3.50% - 08/01/2026 - 0	0
	FNMA 15YR	3.50% - 01/01/2029 - 1	1
	FNMA 15YR	3.50% - 02/01/2029 - 8	8
	FNMA 15YR	3.00% - 07/01/2029 - 4	4
	FNMA 15YR	3.50% - 07/01/2029 - 11	11
	FNMA 15YR	3.50% - 01/01/2027 - 1	1
	FNMA 15YR	3.50% - 08/01/2029 - 2	2
	FNMA 15YR	3.00% - 09/01/2029 - 19	19
	FNMA 15YR	3.00% - 02/01/2030 - 9	9
	FNMA 15YR	3.50% - 12/01/2029 - 2	2
	FNMA 15YR	3.00% - 09/01/2030 - 12	11
	FNMA 15YR	3.00% - 10/01/2030 - 3	3
	FNMA 15YR	3.00% - 11/01/2030 - 14	14
	FNMA 15YR	3.00% - 03/01/2031 - 25	24
	FNMA 15YR	3.00% - 04/01/2031 - 21	20
	FNMA 15YR	3.00% - 03/01/2031 - 19	18
	FNMA 15YR	3.00% - 03/01/2032 - 2	2
	FNMA 15YR	3.00% - 04/01/2032 - 34	33
	FNMA 15YR	3.00% - 04/01/2032 - 20	19
	FNMA 15YR	3.00% - 06/01/2032 - 3	3
	FNMA 15YR	3.00% - 07/01/2032 - 30	29
	FNMA 15YR	3.00% - 09/01/2032 - 46	45
	FNMA 15YR	3.50% - 11/01/2032 - 20	20
	FNMA 15YR	3.50% - 02/01/2032 - 57	57
	FNMA 15YR	3.00% - 04/01/2032 - 45	44
	FNMA 15YR	3.00% - 12/01/2033 - 3	2
	FNMA 15YR	3.00% - 02/01/2034 - 17	16
	FNMA 15YR	3.50% - 10/01/2026 - 0	0
	FNMA 15YR	3.50% - 03/01/2026 - 0	0
	FNMA 15YR	3.00% - 02/01/2031 - 19	18

(a)	(b) Identity of Issuer, Borrower, Lender, etc.	(c) Description of Investment including maturity date, rate of interest, par value ($)	(e) Current Value
	FNMA 15YR	3.50% - 01/01/2026 - 0	0
	FNMA 15YR	3.50% - 02/01/2026 - 0	0
	FNMA 15YR	3.50% - 04/01/2026 - 0	0
	FNMA 15YR	3.50% - 08/01/2026 - 0	0
	FNMA 15YR	3.50% - 11/01/2026 - 0	0
	FNMA 15YR	3.00% - 05/01/2031 - 20	20
	FNMA 15YR	3.00% - 10/01/2033 - 20	20
	FNMA 15YR	3.00% - 01/01/2034 - 4	3
	FNMA 15YR	3.00% - 08/01/2031 - 25	24
	FNMA 15YR	3.00% - 11/01/2031 - 23	22
	FNMA 15YR	3.00% - 01/01/2032 - 20	20
	FNMA 15YR	2.50% - 02/01/2033 - 87	84
	FNMA 15YR	3.00% - 09/01/2033 - 83	81
	FNMA 15YR	3.50% - 09/01/2033 - 10	10
	FNMA 15YR	3.00% - 06/01/2034 - 12	12
	FNMA 15YR UMBS	2.50% - 12/01/2034 - 29	28
	FNMA 15YR UMBS	2.50% - 02/01/2035 - 76	72
	FNMA 15YR UMBS	5.00% - 12/01/2037 - 288	293
	FNMA 15YR UMBS	3.00% - 08/01/2034 - 62	61
	FNMA 15YR UMBS	2.50% - 09/01/2034 - 34	32
	FNMA 15YR UMBS	2.50% - 10/01/2034 - 39	37
	FNMA 15YR UMBS	3.00% - 12/01/2034 - 15	15
	FNMA 15YR UMBS	2.00% - 06/01/2035 - 12	11
	FNMA 15YR UMBS	2.00% - 07/01/2035 - 99	92
	FNMA 15YR UMBS	2.50% - 08/01/2035 - 77	74
	FNMA 15YR UMBS	4.50% - 11/01/2037 - 187	187
	FNMA 15YR UMBS	4.50% - 04/01/2038 - 347	347
	FNMA 15YR UMBS	4.00% - 11/01/2039 - 259	256
	FNMA 15YR UMBS SUPER	5.00% - 02/01/2040 - 829	840
	FNMA 15YR UMBS SUPER	5.50% - 08/01/2039 - 193	198
	FNMA 15YR UMBS SUPER	5.50% - 11/01/2039 - 154	157
	FNMA 15YR UMBS SUPER	2.00% - 07/01/2035 - 28	26
	FNMA 15YR UMBS SUPER	2.00% - 09/01/2035 - 102	94
	FNMA 30YR	4.00% - 12/01/2041 - 6	6
	FNMA 30YR	4.50% - 10/01/2043 - 5	5
	FNMA 30YR	4.00% - 08/01/2044 - 16	16
	FNMA 30YR	4.00% - 10/01/2044 - 5	5
	FNMA 30YR	3.50% - 06/01/2045 - 7	7
	FNMA 30YR	3.50% - 11/01/2045 - 19	18
	FNMA 30YR	4.00% - 10/01/2045 - 2	2
	FNMA 30YR	3.50% - 01/01/2046 - 7	6
	FNMA 30YR	3.50% - 12/01/2045 - 6	5
	FNMA 30YR	3.50% - 03/01/2046 - 1	1
	FNMA 30YR	3.50% - 12/01/2045 - 2	2
	FNMA 30YR	3.50% - 03/01/2046 - 3	3
	FNMA 30YR	4.00% - 03/01/2047 - 23	23
	FNMA 30YR	4.00% - 08/01/2047 - 12	12
	FNMA 30YR	3.50% - 04/01/2049 - 5	5
	FNMA 30YR UMBS	3.50% - 08/01/2049 - 21	19
	FNMA_03-W11	7.27% - 06/25/2033 - 1	1
	FORDO_23-A	4.65% - 02/15/2028 - 193	194
	FORDO_25-A	4.45% - 10/15/2029 - 750	758

(a)	(b) Identity of Issuer, Borrower, Lender, etc.	(c) Description of Investment including maturity date, rate of interest, par value ($)	(e) Current Value
	FORDR_21-2	1.53% - 05/15/2034 - 750	735
	FOUNDRY JV HOLDCO LLC	5.50% - 01/25/2031 - 325	336
	GE HEALTHCARE TECHNOLOGIE	4.80% - 01/15/2031 - 325	331
	GILEAD SCIENCES INC	4.80% - 11/15/2029 - 325	334
	GNMA2 30YR	3.50% - 04/20/2047 - 23	22
	GNMA2 30YR	3.50% - 07/20/2046 - 22	20
	GNMA2 30YR	3.50% - 01/20/2047 - 27	25
	GOLDMAN SACHS GROUP INC/T	5.22% - 04/23/2031 - 750	774
	GSMS_16-GS3	2.78% - 10/10/2049 - 9	9
	GSMS_17-GS7	3.20% - 08/10/2050 - 57	56
	GSMS_19-GC42	2.91% - 09/10/2052 - 263	257
	HALST_24-C	4.62% - 04/17/2028 - 450	453
	HART_25-A	4.32% - 10/15/2029 - 225	227
	HART_25-B	4.36% - 12/17/2029 - 350	353
	HCA INC	5.45% - 04/01/2031 - 365	381
	HONEYWELL INTERNATIONAL I	4.70% - 02/01/2030 - 300	307
	HSBC HOLDINGS PLC	4.62% - 11/06/2031 - 700	702
	JDOT_23-A	5.01% - 11/15/2027 - 203	204
	JDOT_25-B	4.34% - 06/15/2032 - 700	708
	JOHN DEERE CAPITAL CORP	4.55% - 06/05/2030 - 350	356
	JPMBB_16-C1	3.58% - 03/17/2049 - 128	128
	JPMCC_16-JP4	3.47% - 12/15/2049 - 18	18
	JPMCC_17-JP5	3.55% - 03/15/2050 - 222	221
	JPMORGAN CHASE & CO	5.00% - 07/22/2030 - 900	924
	KCOT_23-1A	5.02% - 06/15/2027 - 332	333
	KCOT_24-2A	5.26% - 11/15/2028 - 500	508
	KINDER MORGAN INC	5.15% - 06/01/2030 - 103	107
	L3HARRIS TECHNOLOGIES INC	5.05% - 06/01/2029 - 325	334
	LOCKHEED MARTIN CORPORATI	4.40% - 08/15/2030 - 335	338
	LYB INTERNATIONAL FINANCE	5.13% - 01/15/2031 - 350	351
	MBALT_25-A	4.61% - 04/16/2029 - 325	329
	MERCK & CO INC	4.15% - 03/15/2031 - 400	399
	MET TOWER GLOBAL FUNDING	4.20% - 09/16/2030 - 325	323
	MMAF_20-A	0.97% - 04/09/2027 - 66	66
	MONDELEZ INTERNATIONAL IN	2.63% - 03/17/2027 - 350	345
	MORGAN STANLEY	5.04% - 07/19/2030 - 775	795
	MSBAM_17-C33	3.40% - 05/15/2050 - 72	72
	MSC_16-UBS9	3.59% - 03/15/2049 - 11	11
	MSC_17-H1	3.30% - 06/15/2050 - 39	39
	NAROT_25-A	4.49% - 12/17/2029 - 875	887
	NEXTERA ENERGY CAPITAL HO	5.05% - 03/15/2030 - 325	335
	NISOURCE INC	5.20% - 07/01/2029 - 325	335
	NORFOLK SOUTHERN CORPORAT	2.55% - 11/01/2029 - 325	307
	ONTARIO (PROVINCE OF)	2.30% - 06/15/2026 - 450	447
	ORACLE CORPORATION	4.45% - 09/26/2030 - 375	367
	PEPSICO INC	4.60% - 02/07/2030 - 325	332
	PFIZER INC	4.20% - 11/15/2030 - 350	352
	PNC FINANCIAL SERVICES GR	5.49% - 05/14/2030 - 300	312
	PPL CAPITAL FUNDING INC	3.10% - 05/15/2026 - 325	324
	PRICOA GLOBAL FUNDING I	4.35% - 11/25/2030 - 325	326
	PRINCIPAL LIFE GLOBAL FUN	5.10% - 01/25/2029 - 225	230
	PROCTER & GAMBLE CO	4.05% - 05/01/2030 - 350	352

(a)	(b) Identity of Issuer, Borrower, Lender, etc.	(c) Description of Investment including maturity date, rate of interest, par value ($)	(e) Current Value
	PROG_25-SFR4	4.30% - 08/19/2042 - 750	742
	ROYAL BANK OF CANADA	4.65% - 10/18/2030 - 400	405
	SBALT_24-A	5.24% - 01/22/2029 - 700	703
	SHELL FINANCE US INC	4.13% - 11/06/2030 - 375	375
	SIEMENS FUNDING B.V.	4.60% - 05/28/2030 - 375	383
	SKANDINAVISKA ENSKILDA BA	4.50% - 09/03/2030 - 200	201
	SOUTHERN POWER COMPANY	4.25% - 10/01/2030 - 350	349
	STATE STREET CORPORATION	5.68% - 11/21/2029 - 350	367
	SYNOPSYS INC	4.85% - 04/01/2030 - 325	332
	TAOT_23-C	5.16% - 04/17/2028 - 220	221
	TAOT_25-C	4.11% - 03/15/2030 - 775	780
	TARGET CORPORATION	4.35% - 06/15/2028 - 350	354
	T-MOBILE USA INC	3.88% - 04/15/2030 - 385	378
	TORONTO-DOMINION BANK/THE	4.81% - 06/03/2030 - 375	383
	TREASURY NOTE	4.13% - 08/31/2030 - 8,115	8,258
	TRUIST FINANCIAL CORP	5.44% - 01/24/2030 - 300	311
	UBSCM_17-C1	3.26% - 06/15/2050 - 9	9
	UBSCM_17-C3	3.22% - 08/15/2050 - 213	212
	UBSCM_18-C12	4.19% - 08/15/2051 - 309	309
	UBSCM_18-C8	3.72% - 02/15/2051 - 480	476
	UMBS 15YR TBA(REG B)	4.00% - 01/20/2041 - 2,100	2,072
	UMBS 15YR TBA(REG B)	4.50% - 01/20/2041 - 2,225	2,226
	UNION PACIFIC CORPORATION	2.40% - 02/05/2030 - 325	304
	UNITED TECHNOLOGIES CORPO	4.13% - 11/16/2028 - 350	351
	UNITEDHEALTH GROUP INC	4.80% - 01/15/2030 - 400	410
	US BANCORP	5.05% - 02/12/2031 - 425	437
	VALET_24-1	4.63% - 07/20/2029 - 675	684
	VERIZON COMMUNICATIONS IN	2.10% - 03/22/2028 - 400	384
	VOYA GLOBAL FUNDING	4.60% - 11/24/2030 - 300	301
	VWALT_24-A	5.20% - 12/20/2028 - 375	379
	VWALT_25-A	4.50% - 06/20/2028 - 500	505
	VZMT_24-8	4.62% - 11/20/2030 - 575	584
	VZMT_25-1	4.71% - 01/21/2031 - 1,100	1,119
	VZMT_25-5	4.40% - 06/20/2031 - 350	354
	WEC ENERGY GROUP INC	4.75% - 01/15/2028 - 325	330
	WELLS FARGO & COMPANY	5.15% - 04/23/2031 - 775	800
	WFCIT_24-A1	4.94% - 02/15/2029 - 350	354
	WFCM_16-BNK1	2.40% - 08/15/2049 - 311	309
	WFCM_16-LC25	3.49% - 12/15/2059 - 2	2
	WFCM_17-C40	2.50% - 10/15/2050 - 143	142
	WFCM_17-C40	3.32% - 10/15/2050 - 430	425
	WFCM_18-C45	4.15% - 06/15/2051 - 147	147
	WFCM_18-C46	4.09% - 08/15/2051 - 183	184
	WFCM_19-C52	2.83% - 08/15/2052 - 1,674	1,639
	WILLIAMS COMPANIES INC	4.63% - 06/30/2030 - 325	329
	WOART_24-A	4.84% - 10/15/2029 - 465	472
	WOART_24-B	5.27% - 09/17/2029 - 431	435
	WOSAT_24-A	4.98% - 02/15/2030 - 350	352
**	Adjustment from fair value to contract value for GICs		1,640
		Total fully benefit-responsive investment contracts	98,111
		Total investments	$ 1,958,258

(a)	(b) Identity of Issuer, Borrower, Lender, etc.	(c) Description of Investment including maturity date, rate of interest, par value ($)	(e) Current Value
	Notes receivable from participants:		
*	Plan participants	Interest rates from 3.25% - 9.50%	
		Maturities through 2055	$ 24,451

Column (d) omitted as cost information is not required for participant-directed assets.

* Denotes party-in-interest to the Plan
** All investments are stated at fair value as of December 31, 2025 with the exception of the fully benefit-responsive investment contracts, which are stated at contract value.

EIN# 53-0257888
Plan# 030

Dover Corporation Retirement Savings Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
At December 31, 2025
(in thousands)

(a)	(b) Identity of Issuer, Borrower, Lender, etc.	(c) Description of Investment including maturity date, rate of interest, par value ($)	(e) Current Value
	Interest-bearing cash:		
*	Merrill Lynch Bank	Deposit program	$ 2,768
	Columbia	Money market funds	5,430
		Total interest-bearing cash	8,198
	Stock fund:		
*	Dover Corporation	Dover Stock Fund	419,699
	Collective funds:		
	GQG	GQG Partners International Equity CIT CL C	36,808
	T. Rowe	Structured Research Common Trust Fund Class C	208,436
	Vanguard	Target Retirement Income Trust I	29,916
	Vanguard	Target Retirement 2020 Trust I	28,236
	Vanguard	Target Retirement 2025 Trust I	66,723
	Vanguard	Target Retirement 2030 Trust I	152,156
	Vanguard	Target Retirement 2035 Trust I	99,237
	Vanguard	Target Retirement 2040 Trust I	133,721
	Vanguard	Target Retirement 2045 Trust I	65,474
	Vanguard	Target Retirement 2050 Trust I	58,057
	Vanguard	Target Retirement 2055 Trust I	48,058
	Vanguard	Target Retirement 2060 Trust I	28,133
	Vanguard	Target Retirement 2065 Trust I	11,715
	Vanguard	Target Retirement 2070 Trust I	1,687
	Vanguard	Target Retirement INCM & GR	312
	Vanguard	Vanguard Total Bond Index Unit D	37,861
	Vanguard	Vanguard Institutional Extended Market Index Unit D	89,414
	Vanguard	Vanguard Institutional 500 Index Unit D	212,202
	Vanguard	Vanguard Institutional Total International Stock Market Index Trust Unit D	48,021
	Prudential	Prudential Core Plus Bond 6	29,606
	Snyder	Small/Mid Cap Value Class R2	46,477
		Total collective funds	1,432,250
	Dover stable value fund:		
	Fully benefit-responsive investment contracts:		
**	Principal Life	Traditional guaranteed investment contract	1,347
**	United of Omaha	Traditional guaranteed investment contract	1,350
**	United of Omaha	Traditional guaranteed investment contract	1,369
	ABBVIE INC	4.88% - 03/15/2030 - 350	361
	AMCAR_24-1	5.43% - 01/18/2029 - 599	604
	AMERICAN TOWER CORPORATIO	5.00% - 01/31/2030 - 325	333
	AMGEN INC	4.05% - 08/18/2029 - 350	350
	AMXCA_25-4	4.30% - 07/15/2030 - 650	659

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value ($)	Current Value
	APPLE INC	1.20% - 02/08/2028 - 375	357
	ASTRAZENECA FINANCE LLC	4.85% - 02/26/2029 - 350	359
	AT&T INC	4.70% - 08/15/2030 - 400	407
	BAE SYSTEMS PLC	3.40% - 04/15/2030 - 425	411
*	BANK OF AMERICA CORP	5.16% - 01/24/2031 - 875	904
	BANK OF MONTREAL	4.35% - 09/22/2031 - 375	374
	BANK OF NEW YORK MELLON C	4.94% - 02/11/2031 - 375	386
	BANK OF NOVA SCOTIA	5.13% - 02/14/2031 - 365	376
	BANK_17-BNK7	3.18% - 09/15/2060 - 270	266
	BANK_21-BN31	1.74% - 02/15/2054 - 300	286
	BANK5_23-5YR4	6.50% - 12/15/2056 - 303	319
	BECTON DICKINSON AND COMP	5.08% - 06/07/2029 - 325	334
	BERKSHIRE HATHAWAY ENERGY	3.25% - 04/15/2028 - 300	296
	BMWLT_24-1	5.00% - 06/25/2027 - 750	754
	BMWOT_22-A	3.44% - 12/26/2028 - 230	229
	BOEING CO	5.15% - 05/01/2030 - 350	360
	BP CAPITAL MARKETS AMERIC	4.87% - 11/25/2029 - 350	359
	BRISTOL-MYERS SQUIBB CO	1.45% - 11/13/2030 - 425	376
	BROADCOM INC	5.15% - 11/15/2031 - 350	363
	CARMX_25-3	4.35% - 07/15/2030 - 1,100	1,109
	CARRIER GLOBAL CORP	2.49% - 02/15/2027 - 325	320
	CATERPILLAR FINANCIAL SER	4.38% - 08/16/2029 - 350	355
	CFCRE_17-C8	3.37% - 06/15/2050 - 9	9
	CGCMT_16-P6	3.46% - 12/10/2049 - 510	507
	CGCMT_18-B2	3.74% - 03/10/2051 - 242	239
	CGCMT_20-GC46	2.61% - 02/15/2053 - 293	285
	CHUBB INA HOLDINGS INC	4.65% - 08/15/2029 - 315	322
	CIGNA GROUP	4.50% - 09/15/2030 - 325	327
	CITIGROUP INC	4.50% - 09/11/2031 - 775	777
	CMS ENERGY CORPORATION	3.45% - 08/15/2027 - 325	322
	CNH_24-C	4.03% - 01/15/2030 - 1,450	1,455
	CNH_25-B	4.30% - 10/15/2030 - 1,000	1,011
	COLUMBIA TR MM FUND ZERO	Money Market	918
	COMCAST CORPORATION	3.40% - 04/01/2030 - 425	412
	COMM_16-COR1	2.97% - 10/10/2049 - 18	18
	COMM_18-COR3	4.18% - 05/10/2051 - 650	651
	COPAR_23-2	5.82% - 06/15/2028 - 404	408
	COREBRIDGE GLOBAL FUNDING	5.20% - 06/24/2029 - 300	308
	CRVNA_21-N1	0.70% - 01/10/2028 - 17	17
	CRVNA_21-N4	1.80% - 09/11/2028 - 217	213
	CRVNA_25-P1	4.55% - 05/10/2030 - 925	931
	CRVNA_25-P4	4.14% - 12/10/2030 - 525	526
	CSAIL_19-C15	3.90% - 03/15/2052 - 199	199
	CSAIL_19-C16	3.14% - 06/15/2052 - 38	37
	CSAIL_19-C17	2.96% - 09/15/2052 - 546	538
	CSAIL_19-C18	2.87% - 12/15/2052 - 549	538
	CVS HEALTH CORP	5.13% - 02/21/2030 - 350	360
	DBJPM_16-C3	2.89% - 08/10/2049 - 450	447
	DIAGEO INVESTMENT CORPORA	5.13% - 08/15/2030 - 350	363

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value ($)	Current Value
	DOMINION ENERGY INC	5.00% - 06/15/2030 - 300	308
	DUKE ENERGY CORP	4.85% - 01/05/2029 - 300	306
	EART_24-4A	5.28% - 08/15/2030 - 187	187
	EFF_24-1	5.23% - 03/20/2030 - 149	151
	ELEVANCE HEALTH INC	5.15% - 06/15/2029 - 350	361
	ENBRIDGE INC	4.50% - 02/15/2031 - 325	325
	ENERGY TRANSFER LP	5.20% - 04/01/2030 - 325	335
	ENTERPRISE PRODUCTS OPERA	4.60% - 01/15/2031 - 325	329
	ERAC USA FINANCE LLC	5.00% - 02/15/2029 - 325	333
	EXELON CORPORATION	5.15% - 03/15/2029 - 300	309
	FFCB	4.63% - 11/13/2028 - 775	796
	FFCB	4.88% - 04/20/2026 - 3,400	3,411
	FGOLD 15YR	3.50% - 02/01/2026 - 0	0
	FGOLD 15YR	4.00% - 03/01/2026 - 0	0
	FGOLD 15YR	3.50% - 03/01/2026 - 0	0
	FGOLD 15YR	3.50% - 03/01/2026 - 0	0
	FGOLD 15YR	4.00% - 03/01/2026 - 0	0
	FGOLD 15YR	3.50% - 03/01/2026 - 0	0
	FGOLD 15YR	3.50% - 04/01/2026 - 0	0
	FGOLD 15YR	4.00% - 05/01/2026 - 0	0
	FGOLD 15YR	3.50% - 04/01/2026 - 0	0
	FGOLD 15YR	3.50% - 08/01/2026 - 1	1
	FGOLD 15YR	3.50% - 06/01/2026 - 0	0
	FGOLD 15YR	3.50% - 06/01/2026 - 0	0
	FGOLD 15YR	4.00% - 06/01/2026 - 1	1
	FGOLD 15YR	3.50% - 08/01/2026 - 0	0
	FGOLD 15YR	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR	3.50% - 08/01/2026 - 0	0
	FGOLD 15YR	3.50% - 08/01/2026 - 0	0
	FGOLD 15YR	3.50% - 08/01/2026 - 0	0
	FGOLD 15YR	3.50% - 09/01/2026 - 1	1
	FGOLD 15YR	3.50% - 09/01/2026 - 0	0
	FGOLD 15YR	3.00% - 09/01/2026 - 0	0
	FGOLD 15YR	3.00% - 02/01/2027 - 0	0
	FGOLD 15YR	3.00% - 12/01/2026 - 0	0
	FGOLD 15YR	3.50% - 01/01/2027 - 0	0
	FGOLD 15YR	3.50% - 03/01/2027 - 2	2
	FGOLD 15YR	3.50% - 06/01/2026 - 0	0
	FGOLD 15YR	3.50% - 05/01/2026 - 0	0
	FGOLD 15YR	3.50% - 06/01/2026 - 0	0
	FGOLD 15YR	3.50% - 07/01/2026 - 1	1
	FGOLD 15YR	3.50% - 10/01/2026 - 0	0
	FGOLD 15YR	3.50% - 09/01/2026 - 1	1
	FGOLD 15YR	3.50% - 05/01/2032 - 6	6
	FGOLD 15YR	3.00% - 07/01/2032 - 3	2
	FGOLD 15YR	3.00% - 01/01/2033 - 54	53
	FGOLD 15YR	3.00% - 03/01/2033 - 27	26
	FGOLD 15YR GIANT	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR GIANT	4.00% - 04/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 08/01/2029 - 6	6

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value ($)	Current Value
	FGOLD 15YR GIANT	3.50% - 09/01/2029 - 2	2
	FGOLD 15YR GIANT	3.50% - 09/01/2026 - 0	0
	FGOLD 15YR GIANT	4.00% - 07/01/2026 - 0	0
	FGOLD 15YR GIANT	4.00% - 06/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 05/01/2027 - 0	0
	FGOLD 15YR GIANT	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR GIANT	4.00% - 05/01/2026 - 0	0
	FGOLD 15YR GIANT	4.00% - 07/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 01/01/2027 - 2	2
	FGOLD 15YR GIANT	3.50% - 09/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 01/01/2029 - 1	1
	FGOLD 15YR GIANT	3.50% - 11/01/2029 - 1	1
	FGOLD 15YR GIANT	3.50% - 08/01/2032 - 1	1
	FGOLD 15YR GIANT	3.50% - 03/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 06/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 07/01/2026 - 0	0
	FGOLD 15YR GIANT	3.50% - 08/01/2026 - 1	1
	FGOLD 15YR GIANT	3.50% - 09/01/2026 - 1	1
	FGOLD 15YR GIANT	3.50% - 04/01/2027 - 0	0
	FGOLD 15YR GIANT	3.50% - 03/01/2029 - 0	0
	FGOLD 15YR GIANT	3.50% - 10/01/2028 - 0	0
	FGOLD 15YR GIANT	3.50% - 08/01/2029 - 10	10
	FGOLD 15YR GIANT	3.50% - 11/01/2029 - 17	16
	FGOLD 15YR GIANT	3.50% - 04/01/2030 - 1	1
	FGOLD 15YR GIANT	3.00% - 05/01/2031 - 16	15
	FGOLD 15YR GIANT	3.50% - 08/01/2033 - 13	13
	FGOLD 15YR GIANT	3.00% - 09/01/2033 - 13	13
	FGOLD 15YR GIANT	3.50% - 12/01/2033 - 19	18
	FGOLD 30YR	6.50% - 03/01/2032 - 2	3
	FGOLD 30YR GIANT	4.00% - 12/01/2042 - 14	13
	FGOLD 30YR GIANT	3.50% - 03/01/2045 - 5	4
	FGOLD 30YR GIANT	4.00% - 03/01/2045 - 3	3
	FGOLD 30YR GIANT	4.00% - 02/01/2045 - 2	2
	FGOLD 30YR GIANT	3.50% - 09/01/2045 - 3	3
	FGOLD 30YR GIANT	3.50% - 06/01/2045 - 7	7
	FGOLD 30YR GIANT	3.50% - 12/01/2045 - 7	7
	FGOLD 30YR GIANT	3.50% - 06/01/2046 - 5	5
	FGOLD 30YR GIANT	3.50% - 08/01/2046 - 12	11
	FHLB	3.00% - 03/12/2027 - 50	50
	FHLB	2.13% - 12/11/2026 - 300	296
	FHLB	2.13% - 12/14/2029 - 1,750	1,648
	FHLB	3.50% - 10/04/2027 - 325	325
	FHLMC 15YR UMBS	3.00% - 12/01/2034 - 27	27
	FHLMC 15YR UMBS	3.00% - 12/01/2034 - 20	20
	FHLMC 15YR UMBS	2.00% - 08/01/2035 - 37	34
	FHLMC 15YR UMBS	2.00% - 08/01/2035 - 53	50
	FHLMC 15YR UMBS MIRROR	3.00% - 03/01/2031 - 76	74
	FHLMC 15YR UMBS MIRROR	3.00% - 01/01/2033 - 70	68
	FHLMC 15YR UMBS MIRROR	2.50% - 04/01/2030 - 10	10
	FHLMC 15YR UMBS MIRROR	2.50% - 11/01/2032 - 80	77
	FHLMC 15YR UMBS MIRROR	2.50% - 07/01/2032 - 5	5

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value ($)	Current Value
	FHLMC 15YR UMBS MIRROR	2.50% - 05/01/2033 - 84	80
	FHLMC 15YR UMBS MIRROR	3.00% - 04/01/2034 - 23	22
	FHLMC 15YR UMBS SUPER	3.00% - 01/01/2034 - 23	23
	FHLMC 15YR UMBS SUPER	3.00% - 08/01/2034 - 15	15
	FHLMC 15YR UMBS SUPER	2.50% - 08/01/2034 - 45	43
	FHLMC 15YR UMBS SUPER	2.50% - 10/01/2034 - 8	8
	FHLMC 15YR UMBS SUPER	2.00% - 06/01/2035 - 176	163
	FHLMC 15YR UMBS SUPER	2.00% - 09/01/2035 - 38	35
	FHLMC 15YR UMBS SUPER	2.00% - 10/01/2035 - 40	38
	FHLMC 15YR UMBS SUPER	2.50% - 09/01/2037 - 313	296
	FHLMC 15YR UMBS SUPER	5.00% - 07/01/2038 - 310	314
	FHLMC 15YR UMBS SUPER	5.50% - 11/01/2038 - 131	135
	FHLMC 15YR UMBS SUPER	5.50% - 08/01/2039 - 196	201
	FHLMC GOLD 30YR	3.50% - 03/01/2045 - 8	8
	FHLMC GOLD 30YR	3.50% - 05/01/2046 - 4	4
	FHLMC_K059	3.12% - 09/25/2026 - 296	294
	FHLMC_K060	3.30% - 10/25/2026 - 295	293
	FHLMC_K063	3.43% - 01/25/2027 - 325	324
	FHLMC_K066	2.80% - 12/25/2026 - 40	40
	FHLMC_K072	3.44% - 12/25/2027 - 700	695
	FHLMC_K078	3.85% - 06/25/2028 - 200	201
	FNMA 15YR	3.50% - 01/01/2026 - 0	0
	FNMA 15YR	3.50% - 02/01/2026 - 0	0
	FNMA 15YR	3.50% - 08/01/2026 - 1	1
	FNMA 15YR	3.50% - 01/01/2026 - 0	0
	FNMA 30YR	5.00% - 08/01/2034 - 6	6
	FNMA 30YR	5.50% - 10/01/2032 - 2	2
	FNMA 30YR	5.50% - 03/01/2033 - 9	9
	FNMA 30YR	5.50% - 03/01/2033 - 2	2
	FNMA 30YR	5.50% - 08/01/2033 - 0	0
	FNMA 30YR	5.00% - 03/01/2036 - 4	4
	FNMA 30YR	5.50% - 02/01/2029 - 3	3
	FNMA BENCHMARK NOTES	6.63% - 11/15/2030 - 1,575	1,776
	FNMA 10/1 HYBRID ARM	5.94% - 11/01/2033 - 2	2
	FNMA 10/1 HYBRID ARM	6.07% - 12/01/2033 - 1	1
	FNMA 10/1 HYBRID ARM	6.30% - 10/01/2034 - 2	2
	FNMA 15YR	3.50% - 02/01/2026 - 0	0
	FNMA 15YR	3.50% - 02/01/2026 - 0	0
	FNMA 15YR	4.00% - 03/01/2026 - 0	0
	FNMA 15YR	4.00% - 05/01/2026 - 0	0
	FNMA 15YR	3.50% - 09/01/2026 - 0	0
	FNMA 15YR	3.50% - 10/01/2026 - 0	0
	FNMA 15YR	4.50% - 06/01/2026 - 0	0
	FNMA 15YR	3.50% - 08/01/2026 - 1	1
	FNMA 15YR	3.50% - 09/01/2026 - 0	0
	FNMA 15YR	3.50% - 10/01/2026 - 3	3
	FNMA 15YR	3.50% - 11/01/2026 - 0	0
	FNMA 15YR	3.50% - 01/01/2027 - 3	3
	FNMA 15YR	4.00% - 11/01/2026 - 0	0
	FNMA 15YR	3.50% - 01/01/2027 - 3	3
	FNMA 15YR	3.50% - 08/01/2027 - 2	2

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value ($)	Current Value
	FNMA 15YR	3.50% - 11/01/2027 - 1	1
	FNMA 15YR	3.50% - 06/01/2027 - 0	0
	FNMA 15YR	4.00% - 01/01/2029 - 1	1
	FNMA 15YR	4.00% - 01/01/2029 - 1	1
	FNMA 15YR	4.00% - 01/01/2029 - 1	1
	FNMA 15YR	4.00% - 01/01/2029 - 1	1
	FNMA 15YR	3.50% - 10/01/2029 - 3	3
	FNMA 15YR	3.50% - 04/01/2030 - 6	6
	FNMA 15YR	3.00% - 09/01/2031 - 2	2
	FNMA 15YR	3.00% - 11/01/2031 - 1	1
	FNMA 15YR	3.50% - 06/01/2030 - 26	26
	FNMA 15YR	3.50% - 02/01/2031 - 11	11
	FNMA 15YR	3.50% - 10/01/2028 - 18	18
	FNMA 15YR	3.50% - 11/01/2028 - 4	4
	FNMA 15YR	3.50% - 12/01/2028 - 1	1
	FNMA 15YR	3.50% - 06/01/2029 - 10	10
	FNMA 15YR	3.50% - 08/01/2029 - 1	1
	FNMA 15YR	3.50% - 09/01/2029 - 2	2
	FNMA 15YR	3.00% - 07/01/2030 - 3	3
	FNMA 15YR	3.00% - 10/01/2030 - 20	20
	FNMA 15YR	3.00% - 10/01/2030 - 1	1
	FNMA 15YR	3.00% - 02/01/2031 - 11	11
	FNMA 15YR	3.00% - 04/01/2031 - 14	14
	FNMA 15YR	2.00% - 02/01/2032 - 28	27
	FNMA 15YR	3.50% - 08/01/2026 - 0	0
	FNMA 15YR	3.50% - 01/01/2029 - 1	1
	FNMA 15YR	3.50% - 02/01/2029 - 8	8
	FNMA 15YR	3.00% - 07/01/2029 - 4	4
	FNMA 15YR	3.50% - 07/01/2029 - 11	11
	FNMA 15YR	3.50% - 01/01/2027 - 1	1
	FNMA 15YR	3.50% - 08/01/2029 - 2	2
	FNMA 15YR	3.00% - 09/01/2029 - 19	19
	FNMA 15YR	3.00% - 02/01/2030 - 9	9
	FNMA 15YR	3.50% - 12/01/2029 - 2	2
	FNMA 15YR	3.00% - 09/01/2030 - 12	11
	FNMA 15YR	3.00% - 10/01/2030 - 3	3
	FNMA 15YR	3.00% - 11/01/2030 - 14	14
	FNMA 15YR	3.00% - 03/01/2031 - 25	24
	FNMA 15YR	3.00% - 04/01/2031 - 21	20
	FNMA 15YR	3.00% - 03/01/2031 - 19	18
	FNMA 15YR	3.00% - 03/01/2032 - 2	2
	FNMA 15YR	3.00% - 04/01/2032 - 34	33
	FNMA 15YR	3.00% - 04/01/2032 - 20	19
	FNMA 15YR	3.00% - 06/01/2032 - 3	3
	FNMA 15YR	3.00% - 07/01/2032 - 30	29
	FNMA 15YR	3.00% - 09/01/2032 - 46	45
	FNMA 15YR	3.50% - 11/01/2032 - 20	20
	FNMA 15YR	3.50% - 02/01/2032 - 57	57
	FNMA 15YR	3.00% - 04/01/2032 - 45	44
	FNMA 15YR	3.00% - 12/01/2033 - 3	2
	FNMA 15YR	3.00% - 02/01/2034 - 17	16

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value ($)	Current Value
	FNMA 15YR	3.50% - 10/01/2026 - 0	0
	FNMA 15YR	3.50% - 03/01/2026 - 0	0
	FNMA 15YR	3.00% - 02/01/2031 - 19	18
	FNMA 15YR	3.50% - 01/01/2026 - 0	0
	FNMA 15YR	3.50% - 02/01/2026 - 0	0
	FNMA 15YR	3.50% - 04/01/2026 - 0	0
	FNMA 15YR	3.50% - 08/01/2026 - 0	0
	FNMA 15YR	3.50% - 11/01/2026 - 0	0
	FNMA 15YR	3.00% - 05/01/2031 - 20	20
	FNMA 15YR	3.00% - 10/01/2033 - 20	20
	FNMA 15YR	3.00% - 01/01/2034 - 4	3
	FNMA 15YR	3.00% - 08/01/2031 - 25	24
	FNMA 15YR	3.00% - 11/01/2031 - 23	22
	FNMA 15YR	3.00% - 01/01/2032 - 20	20
	FNMA 15YR	2.50% - 02/01/2033 - 87	84
	FNMA 15YR	3.00% - 09/01/2033 - 83	81
	FNMA 15YR	3.50% - 09/01/2033 - 10	10
	FNMA 15YR	3.00% - 06/01/2034 - 12	12
	FNMA 15YR UMBS	2.50% - 12/01/2034 - 29	28
	FNMA 15YR UMBS	2.50% - 02/01/2035 - 76	72
	FNMA 15YR UMBS	5.00% - 12/01/2037 - 288	293
	FNMA 15YR UMBS	3.00% - 08/01/2034 - 62	61
	FNMA 15YR UMBS	2.50% - 09/01/2034 - 34	32
	FNMA 15YR UMBS	2.50% - 10/01/2034 - 39	37
	FNMA 15YR UMBS	3.00% - 12/01/2034 - 15	15
	FNMA 15YR UMBS	2.00% - 06/01/2035 - 12	11
	FNMA 15YR UMBS	2.00% - 07/01/2035 - 99	92
	FNMA 15YR UMBS	2.50% - 08/01/2035 - 77	74
	FNMA 15YR UMBS	4.50% - 11/01/2037 - 187	187
	FNMA 15YR UMBS	4.50% - 04/01/2038 - 347	347
	FNMA 15YR UMBS	4.00% - 11/01/2039 - 259	256
	FNMA 15YR UMBS SUPER	5.00% - 02/01/2040 - 829	840
	FNMA 15YR UMBS SUPER	5.50% - 08/01/2039 - 193	198
	FNMA 15YR UMBS SUPER	5.50% - 11/01/2039 - 154	157
	FNMA 15YR UMBS SUPER	2.00% - 07/01/2035 - 28	26
	FNMA 15YR UMBS SUPER	2.00% - 09/01/2035 - 102	94
	FNMA 30YR	4.00% - 12/01/2041 - 6	6
	FNMA 30YR	4.50% - 10/01/2043 - 5	5
	FNMA 30YR	4.00% - 08/01/2044 - 16	16
	FNMA 30YR	4.00% - 10/01/2044 - 5	5
	FNMA 30YR	3.50% - 06/01/2045 - 7	7
	FNMA 30YR	3.50% - 11/01/2045 - 19	18
	FNMA 30YR	4.00% - 10/01/2045 - 2	2
	FNMA 30YR	3.50% - 01/01/2046 - 7	6
	FNMA 30YR	3.50% - 12/01/2045 - 6	5
	FNMA 30YR	3.50% - 03/01/2046 - 1	1
	FNMA 30YR	3.50% - 12/01/2045 - 2	2
	FNMA 30YR	3.50% - 03/01/2046 - 3	3
	FNMA 30YR	4.00% - 03/01/2047 - 23	23
	FNMA 30YR	4.00% - 08/01/2047 - 12	12
	FNMA 30YR	3.50% - 04/01/2049 - 5	5

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value ($)	Current Value
	FNMA 30YR UMBS	3.50% - 08/01/2049 - 21	19
	FNMA_03-W11	7.27% - 06/25/2033 - 1	1
	FORDO_23-A	4.65% - 02/15/2028 - 193	194
	FORDO_25-A	4.45% - 10/15/2029 - 750	758
	FORDR_21-2	1.53% - 05/15/2034 - 750	735
	FOUNDRY JV HOLDCO LLC	5.50% - 01/25/2031 - 325	336
	GE HEALTHCARE TECHNOLOGIE	4.80% - 01/15/2031 - 325	331
	GILEAD SCIENCES INC	4.80% - 11/15/2029 - 325	334
	GNMA2 30YR	3.50% - 04/20/2047 - 23	22
	GNMA2 30YR	3.50% - 07/20/2046 - 22	20
	GNMA2 30YR	3.50% - 01/20/2047 - 27	25
	GOLDMAN SACHS GROUP INC/T	5.22% - 04/23/2031 - 750	774
	GSMS_16-GS3	2.78% - 10/10/2049 - 9	9
	GSMS_17-GS7	3.20% - 08/10/2050 - 57	56
	GSMS_19-GC42	2.91% - 09/10/2052 - 263	257
	HALST_24-C	4.62% - 04/17/2028 - 450	453
	HART_25-A	4.32% - 10/15/2029 - 225	227
	HART_25-B	4.36% - 12/17/2029 - 350	353
	HCA INC	5.45% - 04/01/2031 - 365	381
	HONEYWELL INTERNATIONAL I	4.70% - 02/01/2030 - 300	307
	HSBC HOLDINGS PLC	4.62% - 11/06/2031 - 700	702
	JDOT_23-A	5.01% - 11/15/2027 - 203	204
	JDOT_25-B	4.34% - 06/15/2032 - 700	708
	JOHN DEERE CAPITAL CORP	4.55% - 06/05/2030 - 350	356
	JPMBB_16-C1	3.58% - 03/17/2049 - 128	128
	JPMCC_16-JP4	3.47% - 12/15/2049 - 18	18
	JPMCC_17-JP5	3.55% - 03/15/2050 - 222	221
	JPMORGAN CHASE & CO	5.00% - 07/22/2030 - 900	924
	KCOT_23-1A	5.02% - 06/15/2027 - 332	333
	KCOT_24-2A	5.26% - 11/15/2028 - 500	508
	KINDER MORGAN INC	5.15% - 06/01/2030 - 103	107
	L3HARRIS TECHNOLOGIES INC	5.05% - 06/01/2029 - 325	334
	LOCKHEED MARTIN CORPORATI	4.40% - 08/15/2030 - 335	338
	LYB INTERNATIONAL FINANCE	5.13% - 01/15/2031 - 350	351
	MBALT_25-A	4.61% - 04/16/2029 - 325	329
	MERCK & CO INC	4.15% - 03/15/2031 - 400	399
	MET TOWER GLOBAL FUNDING	4.20% - 09/16/2030 - 325	323
	MMAF_20-A	0.97% - 04/09/2027 - 66	66
	MONDELEZ INTERNATIONAL IN	2.63% - 03/17/2027 - 350	345
	MORGAN STANLEY	5.04% - 07/19/2030 - 775	795
	MSBAM_17-C33	3.40% - 05/15/2050 - 72	72
	MSC_16-UBS9	3.59% - 03/15/2049 - 11	11
	MSC_17-H1	3.30% - 06/15/2050 - 39	39
	NAROT_25-A	4.49% - 12/17/2029 - 875	887
	NEXTERA ENERGY CAPITAL HO	5.05% - 03/15/2030 - 325	335
	NISOURCE INC	5.20% - 07/01/2029 - 325	335
	NORFOLK SOUTHERN CORPORAT	2.55% - 11/01/2029 - 325	307
	ONTARIO (PROVINCE OF)	2.30% - 06/15/2026 - 450	447
	ORACLE CORPORATION	4.45% - 09/26/2030 - 375	367
	PEPSICO INC	4.60% - 02/07/2030 - 325	332
	PFIZER INC	4.20% - 11/15/2030 - 350	352

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value ($)	Current Value
	PNC FINANCIAL SERVICES GR	5.49% - 05/14/2030 - 300	312
	PPL CAPITAL FUNDING INC	3.10% - 05/15/2026 - 325	324
	PRICOA GLOBAL FUNDING I	4.35% - 11/25/2030 - 325	326
	PRINCIPAL LIFE GLOBAL FUN	5.10% - 01/25/2029 - 225	230
	PROCTER & GAMBLE CO	4.05% - 05/01/2030 - 350	352
	PROG_25-SFR4	4.30% - 08/19/2042 - 750	742
	ROYAL BANK OF CANADA	4.65% - 10/18/2030 - 400	405
	SBALT_24-A	5.24% - 01/22/2029 - 700	703
	SHELL FINANCE US INC	4.13% - 11/06/2030 - 375	375
	SIEMENS FUNDING B.V.	4.60% - 05/28/2030 - 375	383
	SKANDINAVISKA ENSKILDA BA	4.50% - 09/03/2030 - 200	201
	SOUTHERN POWER COMPANY	4.25% - 10/01/2030 - 350	349
	STATE STREET CORPORATION	5.68% - 11/21/2029 - 350	367
	SYNOPSYS INC	4.85% - 04/01/2030 - 325	332
	TAOT_23-C	5.16% - 04/17/2028 - 220	221
	TAOT_25-C	4.11% - 03/15/2030 - 775	780
	TARGET CORPORATION	4.35% - 06/15/2028 - 350	354
	T-MOBILE USA INC	3.88% - 04/15/2030 - 385	378
	TORONTO-DOMINION BANK/THE	4.81% - 06/03/2030 - 375	383
	TREASURY NOTE	4.13% - 08/31/2030 - 8,115	8,258
	TRUIST FINANCIAL CORP	5.44% - 01/24/2030 - 300	311
	UBSCM_17-C1	3.26% - 06/15/2050 - 9	9
	UBSCM_17-C3	3.22% - 08/15/2050 - 213	212
	UBSCM_18-C12	4.19% - 08/15/2051 - 309	309
	UBSCM_18-C8	3.72% - 02/15/2051 - 480	476
	UMBS 15YR TBA(REG B)	4.00% - 01/20/2041 - 2,100	2,072
	UMBS 15YR TBA(REG B)	4.50% - 01/20/2041 - 2,225	2,226
	UNION PACIFIC CORPORATION	2.40% - 02/05/2030 - 325	304
	UNITED TECHNOLOGIES CORPO	4.13% - 11/16/2028 - 350	351
	UNITEDHEALTH GROUP INC	4.80% - 01/15/2030 - 400	410
	US BANCORP	5.05% - 02/12/2031 - 425	437
	VALET_24-1	4.63% - 07/20/2029 - 675	684
	VERIZON COMMUNICATIONS IN	2.10% - 03/22/2028 - 400	384
	VOYA GLOBAL FUNDING	4.60% - 11/24/2030 - 300	301
	VWALT_24-A	5.20% - 12/20/2028 - 375	379
	VWALT_25-A	4.50% - 06/20/2028 - 500	505
	VZMT_24-8	4.62% - 11/20/2030 - 575	584
	VZMT_25-1	4.71% - 01/21/2031 - 1,100	1,119
	VZMT_25-5	4.40% - 06/20/2031 - 350	354
	WEC ENERGY GROUP INC	4.75% - 01/15/2028 - 325	330
	WELLS FARGO & COMPANY	5.15% - 04/23/2031 - 775	800
	WFCIT_24-A1	4.94% - 02/15/2029 - 350	354
	WFCM_16-BNK1	2.40% - 08/15/2049 - 311	309
	WFCM_16-LC25	3.49% - 12/15/2059 - 2	2
	WFCM_17-C40	2.50% - 10/15/2050 - 143	142
	WFCM_17-C40	3.32% - 10/15/2050 - 430	425
	WFCM_18-C45	4.15% - 06/15/2051 - 147	147
	WFCM_18-C46	4.09% - 08/15/2051 - 183	184
	WFCM_19-C52	2.83% - 08/15/2052 - 1,674	1,639
	WILLIAMS COMPANIES INC	4.63% - 06/30/2030 - 325	329
	WOART_24-A	4.84% - 10/15/2029 - 465	472

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lender, etc.	Description of Investment including maturity date, rate of interest, par value ($)	Current Value
	WOART_24-B	5.27% - 09/17/2029 - 431	435
	WOSAT_24-A	4.98% - 02/15/2030 - 350	352
**	Adjustment from fair value to contract value for GICs		1,640
		Total fully benefit-responsive investment contracts	98,111
		Total investments	$ 1,958,258
	Notes receivable from participants:		
*	Plan participants	Interest rates from 3.25% - 9.50%	
		Maturities through 2055	$ 24,451

Column (d) omitted as cost information is not required for participant-directed assets.

* Denotes party-in-interest to the Plan
** All investments are stated at fair value as of December 31, 2025 with the exception of the fully benefit-responsive investment contracts, which are stated at contract value.