SUMMARY ANNUAL REPORT
for
DINE DEVELOPMENT CORPORATION HEALTH AND WELFARE BENEFIT PLAN

This is a summary of the annual report for DINE DEVELOPMENT CORPORATION HEALTH AND WELFARE BENEFIT PLAN, 77-0651649/501 Health (other than dental/vision), Life insurance, Dental, Vision, Temporary disability, Long term disability, Death Benefits and other for 01/01/2025 through 12/31/2025. The annual report has been filed with the Employee Benefits Security Administration, formerly known as the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

DINE DEVELOPMENT CORPORATION has committed itself to pay certain (Health (other than dental/vision), Life insurance, Dental, Vision, Temporary disability, Long term disability, Death Benefits and other) claims incurred under the terms of the plan.

The plan has contract(s) with STARMOUNT LIFE INSURANCE COMPANY and METROPOLITAN LIFE INSURANCE COMPANY and UNITED HEALTHCARE INSURANCE COMPANY and HARTFORD LIFE AND ACCIDENT and UNITEDHEALTHCARE INSURANCE COMPANY and DELAWARE AMERICAN LIFE INSURANCE COMPANY to pay certain (Health (other than dental/vision), Life insurance, Dental, Vision, Temporary disability, Long term disability, Death Benefits and other) claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2025 were $973,158.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of DINE DEVELOPMENT CORPORATION, who is Plan Administrator at 8840 E. CHAPARRAL RD, STE 145, SCOTTSDALE AZ 85250, (717) 262-9750. The charge to cover copying cost will be $5.00 for the full annual report, or $0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 8840 E. CHAPARRAL RD, STE 145, SCOTTSDALE AZ 85250 and at the US Department of Labor in Washington DC, or obtain a copy from the US Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.