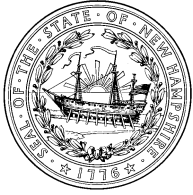


99 - 6/3/26



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE COMMISSIONER

Lori A. Weaver
Commissioner

Morissa S. Henn
Deputy Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9200 1-800-852-3345 Ext. 9200
Fax: 603-271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

April 27, 2026

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of the Commissioner, to enter into a **Sole Source** amendment to an existing contract with Fidelity Information Services, LLC (VC # 464184), Jacksonville, FL, to modify the scope of work and add funding for the Summer-Electronic Benefit Transfer program and for routine annual adjustments based on the Consumer Price Index for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program, by increasing the price limitation by \$1,492,985 from \$1,744,178 to \$3,237,163 with no change to the contract completion date of November 30, 2032, effective upon Governor and Council approval. 51% Federal Funds. 49% General Funds.

The original contract was approved by Governor and Council on December 3, 2025, item #76 and amended on January 7, 2026, item #82.

Funds are available in the following accounts for State Fiscal Years 2026 and 2027, and are anticipated to be available in State Fiscal Years 2028, 2029, 2030, 2031, 2032, and 2033, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to amend the contract as follows:

- **Summer-Electronic Benefit Transfer (S-EBT):** Adds funding for the program and the related scope. In January 2026, the Department received finalized pricing for the federally authorized S-EBT program, which is incorporated into the revised scope of work and budget. These updates are being implemented to ensure compliance with federal program requirements and to maintain sufficient funding levels to deliver client benefits.
- **Special Supplemental Nutrition Program for Women, Infants and Children (WIC):** Add the funds for routine annual adjustments for WIC program. WIC recipients receive an annual increase in benefits relative to the U.S. Consumer Price Index (CPI), which are capped at a maximum of three percent (3%) per year. Funding is also being added for a one-time purchase of electronic WIC (eWIC) cards.

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
Page 2 of 2

This request is **Sole Source** because the Department is increasing the price limitation by more than 10% of the original contract amount.

Approximately 40,000 children will be served each summer by the S-EBT program. Approximately 13,000 individuals will be served monthly by the WIC program.

The S-EBT program is a federal program that provides benefits for eligible families with school-aged children to assist with the purchase of nutritious foods for the summer period when schools are not in session. The WIC program provides supplemental nutrient-dense foods and public health nutrition education for low-income pregnant women, postpartum women, infants, and preschool children up to five (5) years of age.

The Department will continue to monitor services through:

- Contractor reports to ensure clients are being served appropriately;
- Monthly invoices submitted by the Contractor, ensuring no discrepancies in pricing; and
- Monthly meetings with the Contractor to address any issues and determine appropriate corrections/resolutions as needed.

Should the Governor and Council not authorize this request, the Department will be unable to issue S-EBT benefits for school children and the Department will be unable to add sufficient funding levels to maintain WIC client benefits.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number (ALN) 10.646, FAIN 264NH833N1803; and ALN 10.557, FAIN 264NH703W1003.

Respectfully submitted,



Lori A. Weaver
Commissioner

**Fiscal Details
Electronic Benefits Transfer
(RFP-2024-OCOM-01-EBT-01-A02)**

05-95-95-950010-56760000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER'S OFFICE, OFFICE OF THE COMMISSIONER, OFFICE OF BUSINESS OPERATIONS (50% FF 50% GF)						
State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2026	103-502508	Contracts for Opr Svc	Multiple	\$0	\$78,772	\$78,772
2027	103-502508	Contracts for Opr Svc	Multiple	\$0	\$210,890	\$210,890
2028	103-502508	Contracts for Opr Svc	Multiple	\$0	\$210,890	\$210,890
2029	103-502508	Contracts for Opr Svc	Multiple	\$0	\$210,890	\$210,890
2030	103-502508	Contracts for Opr Svc	Multiple	\$0	\$210,890	\$210,890
2031	103-502508	Contracts for Opr Svc	Multiple	\$0	\$210,890	\$210,890
2032	103-502508	Contracts for Opr Svc	Multiple	\$0	\$210,890	\$210,890
			Subtotal	\$0	\$1,344,112	\$1,344,112

05-95-95-950010-56760000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER'S OFFICE, OFFICE OF THE COMMISSIONER, OFFICE OF BUSINESS OPERATIONS (50% FF 50% GF)						
State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2026	103-502508	Contracts for Opr Svc	Multiple	\$158,249	\$0	\$158,249
2027	103-502508	Contracts for Opr Svc	Multiple	\$51,033	\$0	\$51,033
			Subtotal	\$209,282	\$0	\$209,282

05-95-95-950010-56760000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: COMMISSIONER'S OFFICE, OFFICE OF THE COMMISSIONER, OFFICE OF BUSINESS OPERATIONS (25% FF 75% GF)						
State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2027	103-502508	Contracts for Opr Svc	Multiple	\$153,099	\$0	\$153,099
2028	103-502508	Contracts for Opr Svc	Multiple	\$204,132	\$0	\$204,132
2029	103-502508	Contracts for Opr Svc	Multiple	\$204,132	\$0	\$204,132
2030	103-502508	Contracts for Opr Svc	Multiple	\$204,132	\$0	\$204,132
2031	103-502508	Contracts for Opr Svc	Multiple	\$204,132	\$0	\$204,132
2032	103-502508	Contracts for Opr Svc	Multiple	\$204,132	\$0	\$204,132
2033	103-502508	Contracts for Opr Svc	Multiple	\$49,383	\$0	\$49,383
			Subtotal	\$1,223,142	\$0	\$1,223,142

05-95-90-902010-52600000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF FAMILY HEALTH & NUTRITION, WIC SUPPLEMENTAL NUTRITION PROGRAM (100% FF)						
State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2026	102-500731	Contracts for Program Svc	90003397	\$36,570	(\$36,570)	\$0
2027	102-500731	Contracts for Program Svc	90003397	\$39,312	\$28,343	\$67,655
2028	102-500731	Contracts for Program Svc	90003397	\$39,312	\$1,565	\$40,877
2029	102-500731	Contracts for Program Svc	90003397	\$39,312	\$23,379	\$62,691
2030	102-500731	Contracts for Program Svc	90003397	\$39,312	\$4,521	\$43,833
2031	102-500731	Contracts for Program Svc	90003397	\$39,312	\$6,252	\$45,564
2032	102-500731	Contracts for Program Svc	90003397	\$39,312	\$8,057	\$47,369
2033	102-500731	Contracts for Program Svc	90003397	\$39,312	(\$18,792)	\$20,520
			Subtotal	\$311,754	\$16,755	\$328,509

05-95-45-450010-61250000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: DIV ECONOMIC STABILITY, BUREAU OF FAMILY ASSISTANCE, DIRECTOR'S OFFICE (50% FF 50% GF)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2026	103-502508	Contracts for Opr Svc	Multiple	\$0	\$132,118	\$132,118
			Subtotal	\$0	\$132,118	\$132,118
			TOTAL	\$1,744,178	\$1,492,985	\$3,237,163



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY**

27 Hazen Drive | Concord, NH | 03301
Fax: (603) 271-1516 | TDD: (800) 753-2964
doit.nh.gov



Denis Goulet, *Commissioner*

April 28, 2026

Lori A. Weaver, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

Dear Commissioner Weaver:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a contract amendment with Fidelity Information Services LLC, as described below and referenced as DoIT No. 2019-072B.

The purpose of this request is to add funding for the Summer-Electronic Benefit Transfer (S-EBT) and Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

The Total Price Limitation shall increase by \$1,492,985 for a New Total Price Limitation of \$3,237,163, effective upon Governor and Council approval, with no change to the contract end date of November 30, 2032.

A copy of this letter must accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

A handwritten signature in black ink that reads "Denis Goulet". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Denis Goulet

DG/RA
DoIT #2019-072B

cc: Ken Gagne, IT Manager, DoIT

**State of New Hampshire
Department of Health and Human Services
Amendment #2**

This Amendment to the Electronic Benefits Transfer contract is by and between the State of New Hampshire, Department of Health and Human Services (“State” or “Department”) and Fidelity Information Services, LLC (“the Contractor”).

WHEREAS, pursuant to an agreement (the “Contract”) approved by the Governor and Executive Council on December 3, 2025 (Item #76), as amended on January 7, 2026 (Item #82), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$3,237,163
2. Add Exhibit B – Attachment 1, Amendment #2, NH Summer EBT Program (S-EBT) 2026 Change Order, as required and in accordance with Exhibit B, Statement of Work, Section 1.28. Summer EBT Program and Section 26.4.1. Future Additional Services; and Exhibit C, Payment Terms; Section 12.12. Summer EBT Program Costs, which is attached hereto and incorporated by reference herein.
3. Modify Exhibit C, Payment Terms; Section 12.12., SUMMER EBT Program Costs, to add Table 12.12, S-EBT Project Pricing for Summer 2026, to read:

Table 12.12 S-EBT Project Pricing for Summer 2026	
Description	Cost
Implementation/Setup Fee	\$15,000
Processing Fee (per case receiving S-EBT per year)	\$6.22
Additional Child Fee (per case with more than one (1) child receiving S-EBT per year)	\$3.00
Data Cleanup Fee (per incident)	\$2,500
<p>A. 100% of the Implementation/Setup Fee (\$15,000.00) to be invoiced in the month following Governor and Council Approval of this Amendment #2.</p> <p>B. 100% of the Processing Fee (\$6.22) to be invoiced and due with the Department’s monthly invoices following issuance of S-EBT benefit(s) to a case.</p> <p>C. 100% of the Additional Child Fee (\$3.00/case exceeding one child) to be invoiced and due with the Department’s monthly invoice following issuance of the additional S-EBT benefit(s) to a case.</p> <p>D. 100% of the Data Cleanup Fee (\$2,500.00/occurrence) to be invoiced and due with the Department’s invoice following any mass data correction related to S-EBT.</p>	

4. Modify Exhibit C, Payment Terms; Section 13.6., WIC Card Production Pricing, to read:
 13.6. **WIC Card Production Pricing**

Table 13.6		
WIC Card Production Pricing		
Quantity	Up to (2) Colors WIC Price Per Card	Up to (4) Colors WIC Price Per Card
1-1,000	\$0.650	\$0.690
1,001-5,000	\$0.630	\$0.670
5,001-10,000	\$0.610	\$0.650
10,001-15,000	\$0.590	\$0.630
15,001-20,000	\$0.570	\$0.610
20,001-50,000	\$0.530	\$0.570
50,001-100,000	\$0.510	\$0.550
100,001-150,000	\$0.450	\$0.490
150,001+	\$0.450	\$0.490

- A. The Contractor must provide WIC cost per card for given tier. Tiers indicate the number of cards produced across the NCS WIC in a billing month.
- B. Rates include any related start-up costs for each card type to allow each WIC CSA to opt into card production services at any time during the contract period.
- C. Price includes any and all one (1) time and recurring fees such as implementation of WIC CSA-provided card design.
- D. If the State chooses to procure card sleeves for cardholders through this contract, the Contractor will extend SNAP sleeve pricing above to NCS WIC agencies.
- E. The rates are applicable for the first 12 months of WIC benefit issuance. Thereafter, rates will be subject to increase or decrease in accordance with the CPI as described in Section 9, Annual Adjustment for Pricing, above, via a Contract Amendment agreed upon by both parties and New Hampshire Governor and Executive Council approval.
- F. The State elects a one (1) time WIC Card Production purchase.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon Governor and Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

4/27/2026

Date

DocuSigned by:
Nathan White
EBEE04985B32440...
Name: Nathan White
Title: Chief Financial Officer

Fidelity Information Services, LLC

4/27/2026

Date

Signed by:
Prashant Gupta
01D6BBD182ED435...
Name: Prashant Gupta
Title: SVP, Government Solutions

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/28/2026

Date

DocuSigned by:
Robyn Guarino
748734844941460...

Name: Robyn Guarino

Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**Exhibit B – Attachment 1, Amendment #2
NH Summer EBT Program (S-EBT) 2026 Change Order**

Project Overview	The Contractor will implement a Summer Electronic Benefit Transfer Program (S-EBT) for Summer 2026.
Deliverables	<p>The Contractor will:</p> <ul style="list-style-type: none"> ▪ Stand-up S-EBT for New Hampshire for Summer 2026. ▪ Use benefit code SEBT for the program, which: <ul style="list-style-type: none"> ○ Spends like a Food benefit and settles like a Cash benefit (funds are wired to the Contractor each morning to cover settlement for the previous day). ○ Allows for separate tracking and reporting. ○ Uses spend priority 1, first in first out within a month (i.e. S-EBT benefits are depleted before other food benefits spend within a month.) ▪ Expire S-EBT benefits after four (4) months, from date of issuance/ availability, which will make S-EBT benefits unavailable to the cardholder after the four (4) month period (current date of issuance/availability date plus 122 days). ▪ Set up the Benefit Expiration process to remove S-EBT benefit(s) from the system 62 days after the expiration date, if there are any remaining S-EBT benefits on the authorization. ▪ Provide a monthly report (EBTMS501-10) of S-EBT Benefits summarized on the Reports Portal. ▪ Provide a Pre-Expiration File showing any case that has an S-EBT benefit balance remaining and is 45 days from expiring, which is a report delivered via ebtEDGE Reports Portal in CSV format. ▪ Provide an Unpinned Report and post daily to Reports Portal, showing any card that has not yet had a PIN selected within the State-defined timeframe. Report will identify whether it is a regular EBT card, or S-EBT only card. ▪ Ensure the SEBT Benefit type code displays in all existing reports where Benefit Codes are displayed. ▪ Notify the Contractor’s call center of S-EBT 2026 program. ▪ Perform internal QC testing. ▪ Update the Detail Design and Appendix S Reports Manual and share with the State. ▪ Attend monthly meetings with the Department to address any issues and determine appropriate corrections/resolutions as needed.
Contingencies	<p>Contractor performance under this Change Order is contingent upon:</p> <ul style="list-style-type: none"> ▪ The State’s understanding and agreement that: <ul style="list-style-type: none"> ○ State will use the SEBT benefit code configured on the Contractor system to issue S-EBT benefits. ○ If issuing S-EBT to an S-EBT-only case, both the demographic (DEMO) and benefit file must be sent on same day. ○ No new interfaces will be defined. ○ There will be no changes to existing file and report layouts.

**Exhibit B – Attachment 1, Amendment #2
NH Summer EBT Program (S-EBT) 2026 Change Order**

- There will be no new or custom reports and no changes to IVR messages.
- The S-EBT benefit will not post to the federal Account Management Agent (AMA), but rather settle like Cash benefits. The State will Fedwire the Contractor the funds each day, just as is done for Cash benefit settlement.
- There will be no new batch streams defined.
- It may take the Contractor up to six (6) weeks from Governor and Council approval of this Amendment #2 (Amendment “Effective Date”) to ramp up the call center support team.
- The SEBT benefit code will:
 - Only be used for S-EBT.
 - Be configured in the Contractor’s system as a Food benefit, but will settle as cash.
 - Show on existing reports the same as the SNAP benefit(s), however on the settlement reports, the benefit will show in a separate Group under Cash benefits.
- Pricing for S-EBT Program, Summer 2026 only, is as specified in in the Electronic Benefits Transfer (EBT) Contract, Amendment #2, Item #3.
- For S-EBT benefits added to a case that will only contain S-EBT benefits, the case will be charged the one (1)-time S-EBT benefit charge the first month the S-EBT benefit is received for that program year. There will be no additional S-EBT charge for the case in the following months.
- For S-EBT benefits added to cases with existing SNAP and/or Cash benefits, the regular CPCM will be charged for the other benefit types plus the S-EBT fee per case. The S-EBT fee will be charged if the case receives the S-EBT benefit. The case will only be charged the regular CPCM for the non-S-EBT benefits in the following months. The S-EBT fee will only be charged once for the program year for the case.
- The fee remains the same whether the State issues one (1) lump-sum S-EBT benefit or issues monthly benefits (one to three [1 to 3] months) for the summer months.
- If the case is S-EBT only, no additional CPCM will be charged for the case in the following months for that summer period.
- If S-EBT benefits for more than one (1) child are applied to the same case/card, then an additional fee of \$3.00 will be charged for the case (note child fee will be based on S-EBT benefits issued to the case over \$120.00). This applies to both S-EBT only cases and combo cases. The Contractor will track based on the amount of benefits issued to a case.
- The Contractor will charge the Department \$2,500 per occurrence for any data files that require the Contractor to fix, correct, and/or stop before or after processing for correction of a mass error. This includes but is not limited to cancelling

**Exhibit B – Attachment 1, Amendment #2
NH Summer EBT Program (S-EBT) 2026 Change Order**

duplicate cases, reissuing cards to households due to invalid/bad address information provided by the State for undelivered cards, etc. Final costs for rework will be provided on case-by-case basis.

- The State will:
 - Use existing State methods, in accordance with Exhibit B, Statement of Work, to establish and maintain cases.
 - Use existing State methods, in accordance with Exhibit B, Statement of Work, to apply benefits.
 - Determine if a new or existing case should be used.
 - Inform and educate existing cardholders regarding S-EBT 2026, such as: including period of benefit availability (four [4] months, use them or lose them), how to set a PIN for new cases, address updates, etc.
 - Ensure the Management Information System (MIS):
 - Issues S-EBT benefits using standard daily/monthly demographic and benefit file layouts and transfer protocols, or existing webservice messages.
 - Receives Activity and Aging files from the Contractor that contains S-EBT benefit related records.
 - Share cardholder communications for S-EBT 2026 with the Contractor.
 - Use same card issuance methods used under the current service agreement.
 - Share U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) approved S-EBT 2026 Program Operations Manual (POM) with the Contractor.
 - Fulfill the obligations set forth herein upon Governor and Council approval of this Amendment #2 to the extent necessary for the Contractor to implement S-EBT.
 - Ensure acceptance of the deliverables hereunder.

Project Pricing
and Payment
Terms

**See EBT Contract, Amendment #2, Item 3, Table 12.12,
S-EBT Project Pricing for Summer 2026**

Other Terms

- This Change Order as incorporated by reference to the EBT Contract shall be effective upon Governor and Council approval of Amendment #2.
- No government funds shall be utilized by the Contractor related to this Change Order or S-EBT to develop any current or future intellectual property of the Contractor except as expressly set forth in this Change Order. No rights in intellectual property are being transferred pursuant to this Change Order.

Initial
Pg

State of New Hampshire

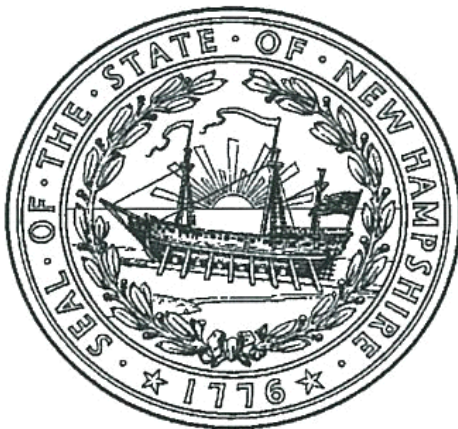
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that FIDELITY INFORMATION SERVICES, LLC is a Arkansas Limited Liability Company registered to transact business in New Hampshire on July 29, 2011. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **655824**

Certificate Number: **0007908923**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 15th day of April A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular outline.

David M. Scanlan
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/08/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Insurance Services West, Inc. Denver CO Office 200 Clayton Street, Suite 800 Denver CO 80206 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:														
INSURED Fidelity National Information Serv. Inc. and all subsidiaries 347 Riverside Ave Jacksonville FL 32202 USA	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER B: The Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER C: Great American Spirit Ins Co</td> <td>33723</td> </tr> <tr> <td>INSURER D: Everest National Insurance Co</td> <td>10120</td> </tr> <tr> <td>INSURER E: QBE Insurance Corporation</td> <td>39217</td> </tr> <tr> <td>INSURER F: National Fire & Marine Ins Co</td> <td>20079</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Continental Casualty Company	20443	INSURER B: The Continental Insurance Company	35289	INSURER C: Great American Spirit Ins Co	33723	INSURER D: Everest National Insurance Co	10120	INSURER E: QBE Insurance Corporation	39217	INSURER F: National Fire & Marine Ins Co	20079
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INSURER E: QBE Insurance Corporation	39217														
INSURER F: National Fire & Marine Ins Co	20079														

COVERAGES CERTIFICATE NUMBER: 570119318030 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested									
INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY	Y	Y	7036257993	04/01/2025	06/01/2026	EACH OCCURRENCE	\$2,000,000
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
		POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/>						PRODUCTS - COMP/OP AGG	\$4,000,000
		OTHER:						Policy Aggregate Limit	\$10,000,000
A		AUTOMOBILE LIABILITY	Y	Y	BUA 7036257962	04/01/2025	06/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	
		OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
		HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
		SCHEDULED AUTOS							
		NON-OWNED AUTOS ONLY							
B	X	UMBRELLA LIAB	Y	Y	CUE7018146359	04/01/2025	06/01/2026	EACH OCCURRENCE	\$25,000,000
		EXCESS LIAB						AGGREGATE	\$25,000,000
		DED <input checked="" type="checkbox"/> RETENTION \$10,000							
G		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	Y	WC7036257976	04/01/2026	06/01/2026	<input checked="" type="checkbox"/> PER STATUTE	
H		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		AOS except CA WC7036292615 AZ, MA, OR, WI	04/01/2026	06/01/2026	E.L. EACH ACCIDENT	\$1,000,000
								E.L. DISEASE-EA EMPLOYEE	\$1,000,000
								E.L. DISEASE-POLICY LIMIT	\$1,000,000
E		Cyber Liability			QPL2415139	02/01/2026	02/01/2027	Cyber/E&O/Aggregate	\$10,000,000
					Claims Made SIR applies per policy terms & conditions				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Umbrella Liability policy follows the form of the following underlying coverage: General Liability, Auto Liability, and Employers' Liability. See Addendum for Excess Cyber and Excess E&O policies. Certificate Holder and State of New Hampshire Department of Health and Human Services are included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Excess Liability policies. A waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the Workers Compensation, General Liability, Automobile Liability and Excess Liability policies.

CERTIFICATE HOLDER State of New Hampshire Department of Health and Human Services 129 Pleasant Street Concord NH 03301 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Holder Identifier :

570119318030

Certificate No :





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Fidelity National Information Serv. Inc.	
POLICY NUMBER See Certificate Number: 570119318030			
CARRIER See Certificate Number: 570119318030	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER G: American Casualty Co. of Reading PA	20427
INSURER H: Transportation Insurance Co.	20494
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	EXCESS LIABILITY							
C				EXC5867053 12.5pox25x25	04/01/2025	06/01/2026	Aggregate	\$12,500,000
D		Y	Y	XC4EX00550251 12.5pox25x25	04/01/2025	06/01/2026	Aggregate	\$12,500,000
							Each Occurrence	\$12,500,000
	WORKERS COMPENSATION							
G		N/A		wc7036292601 CA	04/01/2026	06/01/2026		
A		N/A		WCE7036298219 OH SIR applies per policy terms & conditions	04/01/2026	06/01/2026		
	OTHER							
F	Cyber Liability - Excess			42EPP15308103 Claims Made 10 x10	02/01/2026	02/01/2027	Cyber/E&O/Aggregate	\$10,000,000



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Fidelity National Information Serv. Inc.	
POLICY NUMBER See Certificate Number: 570119318030			
CARRIER See Certificate Number: 570119318030	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Excess Cyber, E&O - 2/1/2026- 2/1/2027

All Policies are Claims Made

Policy Number - Underwriting Company - Aggregate Limit(s)

02 - MTE003915713 - Indian Harbor Insurance Company - \$10M x \$20M

03 - FSCE02602015 - Lloyd's Underwriter Syndicate No.4711 ASP - \$10M x \$30M

04 - 768772491 - Columbia Casualty Company - \$10M x \$40M