

AMENDMENT

POLICYHOLDER: Tourneau, LLC

POLICY NUMBER: 3346057-DHMO, DPPOP

EFFECTIVE DATE OF THIS AMENDMENT: January 1, 2025

ISSUE DATE: November 01, 2024

As of the Effective Date of this Amendment, the Policy specified above is amended by the provisions shown below:

As of the effective date of this Amendment, CN002 and CN004 are NULL and VOID and are replaced with CN005 and CN006.

The following page attached to this Amendment is added to the policy:

HP-POL890

The page in List A is replaced in the policy by the page in List B that is attached to this Amendment.

List A

HP-POL890

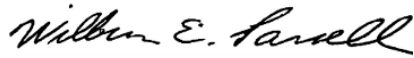
List B

HP-POL890

CIGNA HEALTH AND LIFE INSURANCE COMPANY



Geneva Cambell Brown, Corporate Secretary



Wilbur E. Parsell, Registrar

ACCEPTED BY:

Policyholder Representative

Title

Date

HP-POL890

*Mailing Address: Hartford, Connecticut 06152
Home Office: Bloomfield, Connecticut*

CIGNA HEALTH AND LIFE INSURANCE COMPANY
GROUP DENTAL INSURANCE POLICY

POLICYHOLDER: Tourneau, LLC

ADDRESS: New York, New York

ACCOUNT NUMBER: 3346057

<u>Group Insurance Policy and Policy Number</u>	<u>Effective Date</u>	<u>Anniversary Date</u>
CIGNA DENTAL CARE INSURANCE 3346057-DHMO	01/01/2024	01/01
CIGNA DENTAL PREFERRED PROVIDER INSURANCE 3346057-DPPPOP	01/01/2024	01/01

These Policies contain the terms under which the Insurance Company agrees to insure certain Subscribers and pay benefits.

These policies are issued in **New York** and shall be governed by its laws.

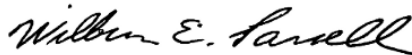
The Insurance Company and the Policyholder have agreed to all of the terms of these policies.



Geneva Cambell Brown, Corporate Secretary



Bryan Holgerson, President



Wilbur E. Parsell, Registrar

THE INSURANCE SCHEDULE (Continued)

GROUP POLICY(IES)		ELIGIBLE CLASS	
<u>Certificate Number</u>	<u>Policy(ies)</u>	<u>Eligible Subscribers</u>	<u>Effective Date</u>
CN005	CIGNA DENTAL CARE INSURANCE 3346057-DHMO	Each Employee as reported to the insurance company by your Employer	01/01/2025
CN006	CIGNA DENTAL PREFERRED PROVIDER INSURANCE 3346057-DPPPOP	Each Employee as reported to the insurance company by your Employer	01/01/2025