

UnitedHealthcare Insurance Company

Home Office: 185 Asylum Street, Hartford, Connecticut 06103-3408
Administrative Office: 9900 Bren Road East, Minnetonka, MN 55343
www.uhc.com

POLICY

Policyholder: Noble Inc.
Policy Number: 372737
Policy Effective Date: January 1, 2025
Premium Due Dates: January 1 and the first day of each month thereafter
Policy Anniversary Date: January 1 of each year

UnitedHealthcare Insurance Company (We, Our, Us or the Company), agrees to provide benefits according to the terms, provisions, conditions and limitations of the Policy.

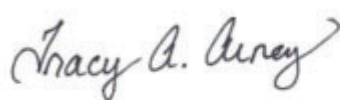
The Policy becomes effective on the Policy Effective Date.

Read the Policy Carefully

This is a legal contract between the Policyholder and Us. If the Policyholder has questions about the Policy, contact Our Home Office by calling 1-866-615-8727.

The Policy is issued in and governed by the laws of the State in which it is delivered.

Signed for the Company by:



Tracy A. Arney, Secretary



Jessica Paik, President

Insurance Products: Group Term Life Insurance and Accidental Death and Dismemberment Insurance

Non-Participating (no dividends paid)

Noninsurance Benefits: Noninsurance benefits are not part of Your Certificate and do not modify Your insurance benefits. We may offer or arrange for various entities or vendors to offer benefits or other considerations to You for the purpose of promoting Your general health and well-being. Noninsurance benefits may be modified or terminated at any time. Such modification or termination may be made based on availability of services or other reasons at Our discretion or at the discretion of the insurer or entity providing such services.

POLICY GENERAL PROVISIONS

Certificates: We will furnish Certificates to the Policyholder to distribute or make available to each Covered Person. The Certificate(s) describe the benefits, terms, conditions, limitations and exclusions provided by the Policy. If there is a conflict between the Policy and the Certificate, the Policy will control.

Conformity with State or Federal Statutes: If any provision of the Policy conflicts with any applicable law, the provision will be deemed to conform to the requirements of the applicable law.

Entire Group Contract: The Entire Group Contract between the Policyholder and Us consists of the Policy, Certificate(s), any riders, endorsements, amendment(s) and the Policyholder's application (a copy of which is attached or on file at the office of the Policyholder). All Certificate(s), riders, endorsements and any amendments are listed on the Incorporation Provision page.

All statements made by the Policyholder, Covered Person or Dependents are representations and not warranties. No statement made by the Covered Person or Dependent will be used to contest the insurance provided by the Policy, unless:

1. it is contained in a written statement signed by the Covered Person or Dependent; and
2. a copy of the statement is furnished to the Covered Person or their Beneficiary.

Only We may change the Policy or extend the time for payment of any premium. No change made by Us will be valid unless made in writing and signed by Us. Any change will be binding on all persons referred to in the Policy as of the Effective Date shown in the Incorporation Provision. No agent has the authority to change the Policy or waive any of the provisions. For purposes of the Policy, the Policyholder acts on its own behalf, or as the Covered Person's agent. The Policyholder is not an agent of Ours.

Information to be Furnished: The Policyholder may be required to furnish any information needed to administer the Policy. The Policyholder must furnish all information required by Us to:

1. compute premiums; and
2. maintain necessary records.

Records of the Policyholder, which have a bearing on insurance, must be made available for inspection by Us upon reasonable request.

POLICY GENERAL PROVISIONS (continued)

Clerical Error: Clerical error by the Policyholder will not:

1. affect the amount of insurance which would otherwise be in effect;
2. continue insurance which otherwise would be terminated; or
3. result in the payment of benefits not otherwise payable.

Once an error is discovered, an adjustment in premium will be made. If the premium adjustment involves the return of unearned premium, the amount of the return may be limited to the 12 month period, which precedes the date We receive proof such an adjustment should be made or when applicable, may be calculated on a pro-rata basis for any actual coverage period.

Payment of Premiums: Insurance provided by the Policy will be in effect when the first premium for such insurance is paid. For insurance to remain in effect, each subsequent premium must be paid on or before its due date. The Policyholder is responsible for paying all premiums as they become due. The premiums may be paid to Us by another party, however We may require a mutual binding agreement among the other party, the Policyholder and Us. Premiums are payable on or before their due dates at Our Home Office. Payment of Premium for a period before it is due will not guarantee that the insurance will remain in effect for that period.

Grace Period A Grace Period of 31 days will be allowed for the payment of each premium after the first premium payment. During the Grace Period, the insurance will continue in effect provided the premium is paid by the Policyholder before the end of the Grace Period. The Grace Period will not continue the insurance beyond a date shown in any Termination provision.

Premium Rate Change: On or after the third Policy Anniversary Date, We have the right to change premium rates as of any Premium Due Date but not more than once in any 6 month period. We will notify the Policyholder in writing at least 31 days prior to the change in rates.

The premium rate may change prior to this time for reasons that affect the insurance risk, which include:

1. a change occurs in benefits;
2. a division, subsidiary, or affiliated company is added or deleted;
3. the number of Employees insured changes by 10% or more; or
4. a new Law or a change in any existing Law is enacted which applies to the Policy.

A change may take effect on an earlier date if both the Policyholder and We agree to it. Except in the case of fraud, any premium adjustments, refunds or charges will be made for only the current Policy year.

Premium Rates: The premium rates for the Policy are on file at the office of the Policyholder.

POLICY TERMINATION PROVISIONS

Termination of the Policy: The Policy may be canceled by either the Policyholder or Us.

1. We may cancel the Policy prior to its first Policy Anniversary Date or at any time thereafter if any of the following occurs:
 - a. the Policyholder does not provide Us with information that We need to administer the Policy;
 - b. the Policyholder fails to perform any of its obligations that relate to the Policy;
 - c. the number of Covered Persons decreases to less than 2;
 - d. the Policyholder fails to pay premium within the Grace Period; or
 - e. the Policyholder ceases to sponsor coverage under the Policy, or sponsors the same or similar coverage through another arrangement without Our written agreement.
2. We may cancel or offer to modify the Policy if any of the following occurs:
 - a. less than 20% of all eligible Employees are participating, if the Employee contributes in whole towards the cost of insurance;
 - b. less than 100% of all eligible Employees are participating, if the Employer contributes in whole towards the cost of insurance.

Termination of an Insurance Product under the Policy: We may cancel or modify any Insurance Product if the number of Employees insured falls below the greater of:

1. 10 Covered Persons; or
2. 20% of all eligible Employees.

The Policyholder must pay Us all premium due for the full period the Policy is in effect. We reserve the right to terminate any Class or combine Classes under the Policy, if any Class ceases to be a valid Class, as shown in the Schedule of Benefits.

INCORPORATION PROVISION

All of the provisions in the Certificate(s), which may include riders, endorsements and amendments issued for the Policyholder and shown below are incorporated in and made part of the Policy.

DOCUMENTS	DESCRIPTION	EFFECTIVE DATE
Group Life, Basic Accidental Death and Dismemberment Certificate	All active full-time Employees	January 1, 2025
Certificate Modifications Rider	Amends the Certificate as outlined	January 1, 2025

**NOTICE OF PROTECTION PROVIDED BY THE
INDIANA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This Notice provides a brief summary of the Indiana Life and Health Insurance Guaranty Association ("ILHIGA") and the protection it provides for policyholders. This safety net was created under Indiana law, which determines who and what is covered and the amounts of coverage.

ILHIGA was established to provide protection to policyholders in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its insurance department. If this should happen, ILHIGA will typically arrange to continue coverage and pay claims, in accordance with Indiana law, with funding from assessments paid by other insurance companies.

Basic Protections Currently Provided by ILHIGA

Generally, an individual is covered by ILHIGA if the insurer was a member of ILHIGA and the individual lives in Indiana at the time the insurer is ordered into liquidation with a finding of insolvency. The coverage limits below apply only to for companies placed in rehabilitation or liquidation on or after July 1, 2018. The benefits that ILHIGA is obligated to cover are not to exceed the lesser of (a) the contractual obligations for which the member insurer is liable or would have been liable if the member insurer were not an insolvent insurer, or (b) the limits indicated below:

Life Insurance

- \$300,000 in death benefits
- \$100,000 in cash surrender or net cash withdrawal values

Health Insurance

- \$500,000 in basic hospital, medical and surgical or major medical insurance benefits
- \$300,000 in disability and long term care insurance benefits
- \$100,000 in other types of health insurance benefits

Annuities

- \$250,000 in present value of annuity benefits (including net cash surrender and net cash withdrawal values)

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000. Special rules may apply with regard to basic hospital, medical and surgical or major medical insurance benefits and covered unallocated annuities.

The protections listed above apply only to the extent that benefits are payable under covered policy(s). In no event will the ILHIGA provide benefits greater than the contractual obligations in the life, annuity or health insurance policy or contract. The statutory limits on ILHIGA coverage have changed over the years and coverage in prior years may not be the same as that set forth in this Notice.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or variable annuity contract.

To learn more about the protections provided by ILHIGA, please visit the ILHIGA website at www.inlifega.org or contact:

Indiana Life & Health Insurance Guaranty Association
3502 Woodview Trace, Suite 100
Indianapolis, IN 46268
(317) 636-8204

Indiana Department of Insurance
311 W Washington Street, Suite 103
Indianapolis, IN 46204
(317) 232-2385

The policy or contract that this Notice accompanies might not be fully covered by ILHIGA and even if coverage is currently provided, coverage is (a) subject to substantial limitations and exclusions (some of which are described above), (b) generally conditioned on continued residence in Indiana, and (c) subject to possible change as a result of future amendments to Indiana law and court decisions.

Complaints to allege a violation of any provision of the Indiana Life and Health Insurance Guaranty Association Act must be filed with the Indiana Department of Insurance, 311 W. Washington Street, Suite 103, Indianapolis, IN 46204; (telephone) 317-232-2385.

Insurance companies and agents are not allowed by Indiana law to use the existence of ILHIGA or its coverage to encourage you to purchase any form of insurance. (IC 27-8-8-18(a)). When selecting an insurance company, you should not rely on ILHIGA coverage. **If** there is any inconsistency between this Notice and Indiana law, Indiana law will control.

Questions regarding the financial condition of a company or your life, health insurance policy or annuity should be directed to your insurance company or agent.