

ADOPTING RESOLUTION

The undersigned authorized representative of Downes Construction Company, LLC (the Plan Sponsor) hereby certifies that the following resolution was duly adopted by the Plan Sponsor on May 1, 2026, and that such resolution has not been modified or rescinded as of the date hereof:

RESOLVED, that the Amendment is hereby approved and adopted and that an authorized representative of the Plan Sponsor is hereby authorized and directed to execute and deliver to the Plan Administrator the amendment.

The undersigned further certifies that attached hereto as Exhibit A is a true copy of the Amendment to the Downes Construction Company, LLC Benefit Plan approved and adopted in the foregoing resolution.

Date: 07/23/26

Signed: _____

Nicholas Arcaria, HR Generalist

{print name/title}

Downes Construction Company, LLC

GROUP HEALTH PLAN DOCUMENT AMENDMENT

Upon execution, this amendment is effective May 1, 2026, and amends and is made a part of the Group Health Plan Document for the Downes Construction Company, LLC Benefit Plan.

Effective May 1, 2026, the following insurance carriers(s) and/or service provider(s) have been added or removed under the Plan:

*Insurance Carrier(s) and/or Service Provider(s) **Added** to Plan:*

Delta Dental

For Dental & Vision

Contract #: 648650 05074

148 Eastern Boulevard, Ste. 301

Glastonbury, CT 06033

(800)-452-9310

*Insurance Carrier(s) and/or Service Provider(s) **Removed** from Plan:*

Anthem BCBS

For Dental & Vision

Contract #: L10752

108 Leigus Road

Wallingford, CT 06492

(800)-922-4670

Adopted {Insert date} _____

Plan {Administrator or Fiduciary}

Summary of Material Modifications to the Downes Construction Company, LLC Benefit Plan

This Summary of Material Modification ("SMM") modifies some of the information contained in the Summary Plan Description ("SPD") for the Downes Construction Company, LLC Benefit Plan (the "Plan") that describes the Plan as of May 1, 2026.

Note: In the event of any discrepancy between this SMM and the SPD, the provisions of this SMM will govern.

Modification(s)

Effective May 1, 2026, the following insurance carriers(s) and/or service provider(s) have been added or removed under the Plan:

*Insurance Carrier(s) and/or Service Provider(s) **Added** to Plan:*

Delta Dental

For Dental & Vision

Contract #: 648650 05074
148 Eastern Boulevard
Glastonbury, CT 06033
(800)-452-9310

*Insurance Carrier(s) and/or Service Provider(s) **Removed** from Plan:*

Anthem BCBS

For Dental & Vision

Contract #: L10752
108 Leigus Road
Wallingford, CT 06492
(800)-922-4670

To contact the insurance carriers(s) and/or service provider(s) via phone regarding administration of benefit claims, please contact the insurance carriers(s) and/or service providers their respective phone numbers.

The above changes identify only those insurance carriers(s) and/or service provider(s) added to, or removed from, the Plan. For further information regarding the insurance carriers(s) and/or service provider(s) for the Plan, please contact your Plan Administrator at (860)-229-3755.