

STOP LOSS INSURANCE AGREEMENT
Agreement No.: GG-2026-1

(hereinafter referred to as the "Agreement")

Between

Calvo's SelectCare Insurance, Inc.
Hagatna, Guam

(hereinafter referred to as the "Company")

And

GOVERNMENT OF GUAM
Hagatna, Guam

(hereinafter referred to as the "Insured")

Calvo's SelectCare Insurance, Inc. & Government of Guam
October 1, 2025

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SCHEDULE OF COVERAGE**Risk Details:**

TYPE: Medical Risk Excess of Loss Insurance Agreement

INSURED: Government of Guam (Insured)

INSURER: Calvo's SelectCare Insurance, Inc.

PERIOD: Losses incurred during the period of 1st October 2025 through September 30th, 2026 both days inclusive, Local Standard Time and paid through September 30, 2027.

CLASS OF BUSINESS: Excess of Loss Insurance protecting the Insured against Medical Expenses of Insured Persons, on the Group Health Insurance for the Employees and Dependents of Government of Guam under its Self-Insured Benefit Plan, to include covered medical benefits, and Prescription Drugs, in accordance with the Schedule of Benefits inforce at the effective date hereof or issued or renewed on or after that date, subject to the terms, conditions and limitations hereinafter set forth.

EFFECTIVE DATE: October 1, 2025

CLAIMS BASIS: Losses that are:

- Incurred from October 1, 2025 through September 30, 2026
- Paid by September 30th, 2027
- Reported and submitted by October 31st, 2027
- All checks issued by September 30th, 2027

CLAIM PAYOR: Third Party Administrator

COINSURANCE: All eligible services, including Retail Pharmacy
100% (Insured Retains 0%) – Layer 1
100% (Insured Retains 0%) – Layer 2

EXCESS OF

LOSS COVERAGE: Covered medical and pharmacy claims in excess of \$750,000 per covered member.

EXCLUSIONS: The following shall be excluded from the cover under this Agreement

- Medical expenses recoverable under the provisions of a Workers' Compensation or Employer's Liability policy.

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- War, whether declared or undeclared.
- Items excluded under the Insured's original benefit plans.
- Loss in excess of the Insured's annual policy limits, if applicable.
- Loss in excess of Insured's liability.
- Medical Plans not specified in the Classes of Business Article.
- Benefit Plans issued to cover active military personnel.
- Losses related to Terrorism events.
- Losses related to Nuclear, Biological and Chemical events.
- Regenerative or Advanced Therapies.
- Vision and Dental benefits
- Accidents caused directly or indirectly by war, invasion, hostilities or warlike operation (whether war be declared or not), civil war, revolution, rebellion, insurrection, military or usurped power, martial law, strike, riot or civil commotion;
- Accidents caused by any sudden failure of nuclear technology, nuclear radiation or radioactive contamination (whether controlled or uncontrolled);
- Gene and Car T Therapy and any related services to both therapies.

TERRITORIAL

SCOPE: Guam

LIMITS: Unlimited

INSURANCE

CONDITIONS: This insurance is subject to the same terms and conditions as stated in the Insured's plan documents covering Government of Guam employees and dependents. insurer hereby agrees to follow the settlements of the benefits as stated in the plan coverage documents.

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ORIGINAL

CONDITIONS: As per wording

CHOICE OF LAW

AND

JURISDICTION: This insurance will be governed by and interpreted pursuant to the laws of the Territory of Guam and laws of Guam applicable therein, and any dispute arising hereunder shall be submitted to the exclusive jurisdiction of the courts of the Territory of Guam.

ARBITRATION: Seat of Arbitration: Territory of Guam

PREMIUM: Government of Guam Employees

\$23.67 per employee per month all plans

PREMIUM PAYMENT

TERMS: Premium to be paid within 30 days.

RETENTION & LIMITS: Government of Guam Employees

Unlimited xs \$750,000 per Covered Person per Coverage Period

Member Number: [REDACTED] has an alternated deductible of \$3.0 million. High-Cost Rx Claimant 1 in GovGuam data for stop loss quote; Member with 1,5M of Nuwiq claims in 2022-2023 year

Member Number: [REDACTED] (P.C.) is excluded from coverage

INSURER CONTRACT

DOCUMENTATION: This document details the contract terms entered by the insurer(s), and constitutes the contract document

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ARTICLE I**DEFINITIONS**

The following definitions apply to the terms used in this Agreement. In the event of conflict in the meaning of the terms or the content of provisions between this Agreement and the Company's Original Policies, provider contracts or management service contracts, the definitions herein and the provisions of this Agreement will govern.

"Insured Retention" means the amount of Losses retained by the Insured without reimbursement by the Company, as set forth in the Schedule of Coverage.

"Coverage Period" means the period of time beginning on the first date and ending at midnight (Central Time) on the last date shown in the Coverage Period on the Schedule of Coverage.

"Covered Person" means a person who is eligible to receive benefits and/or services within the terms and provisions of the self-funded employee benefit plans covered under this Agreement.

"Incurred" refers to the date services are rendered or supplies are provided.

"Insurance Limits" means the amount of insurance coverage provided under this Agreement for Incurred Losses in respect of any one Covered Person in excess of the Insured Retention, as set forth in the Schedule of Coverage.

"Loss" or "Losses" means eligible expenses Incurred during the Coverage Period by a Covered Person in the course of treatment for an injury or sickness as defined in the Policies.

"Premium" as used herein shall be the amount to be remitted to the Company as set forth in the Schedule of Coverage.

"Regenerative or Advanced Therapies" are products designed to cure disease, transform disease treatment and restore functionality. These include cell and gene therapies approved by the U.S. Food and Drug Administration and related agencies.

"Schedule of Coverage" means the page or pages attached to this Agreement, as may be amended from time to time on renewal or otherwise. The Schedule of Coverage is a part of this Agreement.

ARTICLE II**UTMOST GOOD FAITH**

The Company and the Insured agree that this Agreement is entered into with the understanding that the principles of utmost good faith traditional to insurance will be adhered to in the formation and performance of this Agreement and will govern the parties' rights and obligations.

ARTICLE III**CLASSES OF BUSINESS**

The classes of business are set forth in the attached Schedule of Coverage and are limited to those Medical and Prescription Drugs plans issued to employees of the Government of Guam.

ARTICLE IV**LIABILITY OF THE COMPANY**

The Company agrees to indemnify the Insured for the Losses within the Insurance Limits that may accrue to the Insured during a Coverage Period.

ARTICLE V**COMPANY RETENTION AND INSURANCE LIMITS**

During the Coverage Period, the Company shall not be liable for any Losses within the Insured Retention amount. The Company shall indemnify the Insured for the amount by which such Loss or Losses exceed the Insured Retention during said Coverage Period not to exceed the Limits as shown in the Schedule of Coverage.

ARTICLE VI**EXCLUSIONS**

This Agreement does not apply to and specifically excludes the following:

1. Medical expenses recoverable under the provisions of a Workers' Compensation or Employer's Liability policy.
2. War, whether declared or undeclared.
3. Items excluded under the Insured's original benefit plans.
4. Loss in excess of the Insured's annual policy limits, if applicable.
5. Loss in excess of Insured's liability.
6. Medical Plans not specified in the Classes of Business Article.
7. Benefit Plans issued to cover active military personnel.
8. Losses related to Terrorism events.
9. Losses related to Nuclear, Biological and Chemical events.
10. Regenerative or Advanced Therapies.
11. Vision and Dental Benefits.
12. Accidents caused directly or indirectly by war, invasion, hostilities or warlike operation (whether war be declared or not), civil war, revolution, rebellion, insurrection, military or usurped power, martial law, strike, riot or civil commotion.
13. Accidents caused by any sudden failure of nuclear technology, nuclear radiation or radioactive contamination (whether controlled or uncontrolled).
14. Gene and Car T Therapy and any related services to both therapies.

ARTICLE VII

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PREMIUM

Condition Precedent. The payment of Premiums is a condition precedent to the liability of the Company for insurance covered by this Agreement.

Premium Due. During the Coverage Period, the Insured shall remit to the Company the Premium as set forth in the Schedule of Coverage. Premiums are due on the first day of each month during the Coverage Period, and must be received by the Company within thirty (30) days thereafter, or this Agreement will terminate, as set forth in Article XI, "Renewal/Termination."

Premium Basis. Premiums shall be based on an estimate of the number of Employees covered by this Agreement for the upcoming month, and an adjustment for the previous months' actual number of Employees. Monthly adjustments will not be made more than three (3) months after the month for which the adjustment applies. Company shall have the right to adjust the premium for any Material Changes as set forth in Article XII - Material Change.

ARTICLE VIII**LOSS NOTICES AND SETTLEMENTS**

1. Loss Payments. All Loss payments made by the Insured that are within the terms of this Agreement and within the terms and conditions of the Policies, shall be binding upon the Company, who agrees to pay all amounts for which it may be liable upon reasonable evidence of the amount due or to be due being furnished by the Insured.
2. Pre-Notification of Certain Losses. Whenever the Insured's aggregate payments for Losses Incurred by any one Covered Person exceed 50% of the Insured's Retention or involves any diagnoses listed below, the Insured shall notify the Company no later than thirty (30) days from the date on which the Insured learns of such potential liability. The Insured agrees to use its best efforts to provide this notification and the Company reserves the right to deny payment for Losses not reported in accordance with the provisions of this Paragraph 2.
 - a. Head injuries;
 - b. Spinal injuries resulting in real or suspected paralysis of the limbs (paraplegia or quadriplegia);
 - c. Burns if 20% or more of the body is covered with second or third degree burns;
 - d. Multiple fractures;
 - e. Crushing or massive internal injuries;
 - f. Continuous hospitalization for more than three months;

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- g. Acquired Immune Deficiency Syndrome (AIDS), where confidentiality or other laws do not prohibit disclosure;
- h. Children weighing less than three pounds at birth, or children born with major abnormalities; or
- i. Organ transplants.

3. Notification of Losses Generally. In no event shall the Company be liable to the Insured for Losses unless the following conditions are met:

- a. The Losses are Incurred, paid and reported by the Insured, in writing, to the Company within the time period stipulated in the Claims Basis section of the Schedule of Coverage.
- b. A complete request for medical insurance reimbursement, including all required backup supporting data, has been submitted by the Insured and received by the Company, in the time period stipulated for reporting Losses in the Claims Basis section of the Schedule of Coverage.
- c. The only exceptions to this section are: (i) unsettled Losses due to coordination of benefits, as defined in the applicable Policy, and (ii) unsettled Losses subject to subrogation/reimbursement. The Insured will have twelve (12) months from the beginning of the Coverage Period in which the Loss was incurred to submit these Losses to the Company.
- d. Previously denied claims overturned by an IRO would be eligible for reimbursement. Eligible plan expenses would cover those claims in the normal course as if they had been paid on the date they were previously denied.

4. Loss Settlements. With respect to disputed Losses, **all** Loss settlements made by the Insured that are within the terms of this Agreement and the Policies and do not constitute ex gratia payments, shall be binding upon the Company.

5. Right of Association. The Insured shall cooperate with the Company and shall furnish the Company with such information as may be required by the Company with respect to Losses and settlements. Upon notification of Losses, the Company shall have the right to participate in the settlement or the defense of any claim or suit or proceeding involving this insurance at its own expense.

6. Loss Notices as described in this article shall be handled by the claim payor specified in the Schedule of Coverage.

ARTICLE IX**CONFIDENTIALITY**

All information disclosed to the Company by the Insured, or to the Insured by the Company, either in the course of conducting negotiations or as the result of complying with the terms and conditions of this Agreement, shall be considered to be proprietary and confidential information ("Confidential Information") by both the Company and the Insured and shall not be disclosed without written consent of the other, except to auditors, attorneys and as required by applicable law or judicial process. The parties agree to maintain strict confidentiality under applicable federal and state laws and regulations relating to personally identifiable health information of Covered Persons to which the parties gain access pursuant to this Agreement. The parties understand that they may be obligated to enter into a separate agreement pursuant to the Health Insurance Portability and Accountability Act (42 U.S.C. § 201, et seq.) which shall identify the respective responsibilities of the parties with regards to certain types of Confidential Information. Confidential Information shall not include any information which at the time of disclosure or thereafter is generally available to and known by the public other than by way of a wrongful disclosure by Insured or Company. The confidentiality and nondisclosure obligations set forth herein supersede any prior agreement between the parties addressing such obligations regarding the subject matter of this Agreement.

GOVERNMENT AGENCIES

The submission of this Agreement or other information related to this Agreement to any department of insurance or other appropriate state regulatory authority such as a department of health or department of public welfare of any state, federal agency or court having jurisdiction over the matter and having a legal right to the information shall not be considered a violation of this Article, provided that the other party is advised in advance of the submission.

ARTICLE X**ARBITRATION**

Enforceability. Notwithstanding any choice of law provision set forth herein, the parties intend this Article to be enforceable in accordance with the Federal Arbitration Act ("FAA"), including any amendments to that Act which are subsequently adopted. In the event that either party refuses to submit to arbitration as required herein, the other party may request a United States Federal District Court to compel arbitration in accordance with the FAA. Both parties consent to the jurisdiction of such court to enforce this article.

Notice of Arbitration. Any dispute or other matter in question between the Company and the Insured arising out of, or relating to, the formation, interpretation, performance, or breach of this Agreement, whether such dispute arises before or after termination of this Agreement, and whether in contract, tort, or otherwise, shall be settled by arbitration.

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To initiate arbitration, either the Company or the Insured shall notify the other party in writing of its desire to arbitrate. The notice shall identify the claimant, the contract at issue, and the nature of the claims and/or issues. Notice shall be sent certified mail, with return receipt, or another service that produces a receipt. The arbitration will be deemed to have been commenced on the date the notice of arbitration is received.

Arbitrators. There will be three arbitrators who will each have no less than ten years of insurance or insurance industry experience and who are current or former officers of life or health insurance or life or health insurance companies other than the parties to this Agreement, their affiliates or subsidiaries. The arbitrators shall not be under the control of any party, nor shall any employee of the panel have a financial interest in the outcome of the dispute. Within thirty (30) days following the commencement of the arbitration proceedings, each party will provide the other with the identification of their appointed arbitrator, and provide a copy of the arbitrator's curriculum vitae. If either party refuses or neglects to appoint an arbitrator within thirty (30) days, the other party may appoint the second arbitrator to act as the appointed arbitrator for the defaulting party by providing notice and a copy of the arbitrator's curriculum vitae. Each party's appointed arbitrator shall propose a candidate (or a slate of up to five candidates) to serve as the third arbitrator (the "umpire"). In the event that the two party-appointed arbitrators fail to reach agreement on an umpire within sixty (60) days of their appointment, then either party may petition ARIAS-U.S. to appoint the umpire and each party shall cooperate and take whatever action is required to give effect to the ARIAS-U.S. umpire appointment procedures. In the event any arbitrator fails, refuses, or becomes unable to act as such before an award has been rendered, a successor shall be selected in the same manner as the original arbitrator.

Submission of Briefs. The claimant and respondent shall each submit initial briefs to the panel outlining the issues in dispute and the reasons for their respective positions within thirty (30) days of the notice of the appointment of the umpire.

Scope of Power. The arbitrators shall consider this Agreement an honorable engagement rather than merely a legal obligation, and the panel shall make its decision with consideration given to the custom and usage of the insurance and insurance industry. The arbitrators shall have the power to determine all procedural rules of the arbitration, including, but not limited to inspection of documents, examination of witnesses, and any other matter related to the conduct of the arbitration. The panel and the umpire shall have the authority to issue subpoenas (including subpoenas to third party witnesses) and other orders to enforce their decisions. Ex-parte communications with party appointed arbitrators shall be permitted until the arbitration hearing commences. The arbitrators shall recognize the attorney/client privilege and the attorney work product doctrine. Neither a party nor an arbitrator may disclose the existence, content, or result of any arbitration hereunder, except to the extent such disclosure may be required for review and enforcement by a court of competent jurisdiction, to support insurance or retrocessional recoveries, or as otherwise agreed by the parties. The location of all proceedings shall be in Hagatna, Guam, unless the parties agree otherwise.

Panel Decision Final and Binding. The panel may issue orders for interim relief upon showing of good cause, including pre-award security. Absent good cause for an extension as determined by the panel, the panel shall render the final award within nine (9) months of the appointment of the umpire, unless the parties agree otherwise, and within thirty (30) days after the date of the closing of the hearing. The panel is authorized

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to award any remedy or sanctions allowed by applicable law, including, but not limited to monetary damages, equitable relief, pre or post award interest, costs of arbitration, attorneys' fees, and other final or interim relief; provided that arbitrators shall not be empowered to award damages in excess of compensatory damages. The decision of the arbitrators will be made by majority rule, and shall be final and binding on both parties. Either party to the arbitration may petition any court having jurisdiction over the parties to reduce the decision to judgment.

Expenses. Each party shall bear its own costs in connection with any such arbitration, including, without limitation, (a) all legal, accounting, witness or other professional fees and expenses, (b) the fees and expenses of its own arbitrator, and (c) all other costs and expenses each party incurs to prepare for such arbitration. Each side shall pay one-half of the fees and expenses of the umpire and one-half of the other expenses that the parties jointly agree to share directly related to the arbitration proceeding. The parties acknowledge that the foregoing obligations are subject to, and may be superseded by, an award of the panel with respect to such costs and expenses.

ARTICLE XI

RENEWAL/TERMINATION

1. **Renewal Process.** This Agreement will automatically terminate at the end of the Coverage Period shown in the Schedule of Coverage.

Sixty (60) days prior to the end of the Coverage Period, the Insured, if it desires to renew coverage hereunder, shall submit a completed renewal information form provided by the Company. The parties will negotiate a new agreement, but until a new agreement is agreed upon, there is no renewal and coverage hereunder will be considered terminated as of the end of the Coverage Period. If the Insured submits Premiums after expiration of the Coverage Period, such payment may be returned or held by the Company, but such payment shall have no force and effect with respect to renewing this Agreement, or creating a new agreement between the parties.

2. **Failure to Pay Premium.** In the event that Premiums are not paid within sixty (60) days of the due date, coverage hereunder will automatically terminate, **provided that Company has first provided written notice to the Company of non-receipt of said premium within thirty (30) days of said termination.**

Terminated insurance may be reinstated, at the discretion of the Company, within ninety (90) days of the date of termination, upon payment of all Premiums in arrears including any interest accrued thereon at the Company's standard rates for these purposes.

3. **Insolvency.** Should the Company become Insolvent, this Agreement shall automatically terminate as of the date of Insolvency.
4. **Effect of Termination.** Except as otherwise specifically provided in this Agreement, termination shall have no effect on the rights and obligations of the parties arising prior to termination.

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ARTICLE XII**MATERIAL CHANGE**

1. **Definition.** A Material Change is a change that materially alters the nature, quality or quantity of the business or risk of the Insured. A Material Change includes, but is not limited to, the following:
 - a. Plan designs selected by the Government of Guam differ from the plan designs presented in the Government of Guam Request for Proposal;
 - b. Changes in the Insured's health benefits which would materially alter the type or amount of benefits provided or the terms or conditions for eligibility or participation;
 - c. Material changes in the information provided by the Insured to the Company, directly or indirectly, upon which assessment of risk was based.
2. **Notice of Material Change.** The Insured must provide written notice to the Company of any Material Change. Such notice must be made in advance, whenever possible, or as soon as reasonably possible thereafter, but in no event more than thirty (30) days following a Material Change.
3. **Effect of Material Change.** Upon receipt of a Material Change notice, the Company may, at its discretion:
 - a. Accept the Material Change without revising the Premium rates and coverage terms;
 - b. Accept the Material Change and revise the Premium rates and/or coverage terms, but if the Company rejects the revision within thirty (30) days after notice of the revised rates or terms, the Agreement shall terminate, effective as of the date of the Material Change;
 - c. Not accept the Material Change but continue to provide coverage and adjudicate claims as if the Material Change had not occurred; or
 - d. Terminate this Agreement effective as of the date of the Material Change.
 - e. A material change in this context is defined as a 10% change in covered membership or plan a benefit change that is expected to increase costs by more than 10%

If the Agreement is terminated in accordance with this Section, then the coverage and Premium shall be prorated according to the number of days in the reduced Coverage Period. In addition, if any Losses have been paid by the Company after the effective date of termination, i.e., after the date of the Material Change, such Loss payment shall be refunded to the Company.

Changes in the Agreement as the result of a Material Change will be effective as of the date of the Material Change. Until the Company accepts any Material Change in the Policy that would alter the type or amount of benefits provided or the terms or conditions for eligibility or participation, Losses will continue to be based upon the Policy, unchanged.

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4. Failure to Give Notice. If the Company fails to give the Company timely notice of a Material Change, (or fails to give notice at all) the Company may, in its discretion:

- a. Choose any option described in 3(a-e) above; or
- b. Rescind the Agreement as of the Coverage Period first affected by the Material Change. In that event the Company will refund all Premium paid and the Company will return all Loss payments for the applicable period.

5. Legal and Equitable Rights. Nothing in this Article is intended or shall be interpreted to limit any rights the Company may have or be entitled to under law or the principles of equity, nor shall the Company's exercise of any rights under this Article constitute or be deemed a waiver of such other legal or equitable rights.

ARTICLE XIII

OTHER COVERAGE

1. Subrogation/Recovery. The Company shall be credited with reimbursement obtained or recovery made by the Insured (less the actual cost, excluding salaries of officials and employees of the Insured and sums paid to attorneys as retainer, of obtaining such reimbursement or making such recovery), on account of claims and settlements involving insurance hereunder. Such credit will be applied to any amounts either paid by the Company or that would be payable by the Company under this Agreement, and such credit will be repaid by the Insured to the Company within thirty (30) days, to the extent that the Insured has paid Loss amounts related to the reimbursement or recovery. The Insured hereby agrees to take reasonable action to enforce its rights to reimbursement or subrogation relating to any Loss hereunder, or the Company may elect to take credit as if the reimbursement or recovery had been obtained.

ARTICLE XIV

MISCELLANEOUS

1. Governing Law. This Agreement shall be governed by the laws of the Territory of Guam without giving effect to principles of conflicts of law.
2. Waiver. The failure of either party to insist on strict compliance with this Agreement, or to exercise any right or remedy hereunder, shall not constitute a waiver of any rights contained herein nor stop either party from thereafter demanding full and complete compliance nor prevent the parties from exercising such a remedy in the future.
3. Taxes and Expenses. Losses shall not include any expenses incurred by the Insured in

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connection with its Policies, including but not limited to dividends, commissions or taxes.

4. Currency. Whenever the word, "Dollars", or the "\$" sign appears in this Agreement, they shall be construed to mean United States Dollars, except those cases where the Company's original policies are issued in Canada by the Company in Canadian Dollars, they shall mean Canadian Dollars. All payments made by either party shall be made in United States Dollars, except that payments made on Company original policies issued in Canada in Canadian Dollars shall be made in Canadian Dollars.
5. Errors and Omissions. Any inadvertent delays, omissions or errors made in connection with this Agreement shall not be held to relieve either party hereto from any liability which would attach to such party if such delays, omission or errors had not been made, provided such errors or omissions are advised and rectified promptly upon discovery. The provisions of the preceding sentence, however, do not apply to any Loss or claim reporting obligations of the Plan under this Agreement.
6. Rules of Construction. The captions and headings in this Agreement are inserted for convenient reference only and are not intended to define, limit, modify or amplify the construction, interpretation or meaning of the terms of, or the scope or intent of, this Agreement. The parties acknowledge and agree that no provision of this Agreement shall be construed against or interpreted to the disadvantage of a party by reason of such party having drafted or structured any provision.
7. Third Party Beneficiaries. This is a contract between the Company and the Insured only, and nothing herein shall in any manner create any obligations or establish any rights against either the Company or the Insured in favor of any third parties or persons not party to this Agreement.
8. Notices. All notices and communications hereunder shall be in writing and shall become effective when received. Any written notice shall be by either certified or registered mail, return receipt requested, or overnight delivery service (providing for delivery receipt) or delivered by hand.
9. Compliance. The Company and the Insured each represent that to the best of its knowledge and belief it is, and shall use its best efforts to continue to be, in substantial compliance in all material respects with all laws, regulations, and judicial and administrative orders applicable to the business reinsured under this Agreement (collectively, the "Law"). This includes the maintenance of an effective anti-money laundering policy to the extent the Company is required to have such a policy in place. Neither the Company nor the Insured shall be required to take any action under this Agreement that would result in it being in violation of the Law, which for purposes of companies subject to U.S. regulation, including the Insured, shall include requirements enforced by the U.S. Treasury Department Office of Foreign Asset Control. The Company and the Insured acknowledge and agree that a claim under this Agreement is not payable if payment would cause the Insured to be in violation of the Law. Should either party discover an insurance payment has been made in violation of the Law, it shall notify the other party and the parties shall cooperate in order to take all necessary corrective actions. The Company will return the insurance payment to the Insured to the extent, and at such time, as permitted by Law.

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10. Severability. If any provision of this Agreement, or its application to any party or circumstance, shall be adjudged by a court or other authority to be invalid or unenforceable, the parties agree that such judgment shall in no way affect the validity and enforceability of other provisions of this Agreement that reasonably can be given effect apart from that which is invalidated.
11. Entire Contract. This Agreement contains the entire agreement between the Company and the Insured. No representations, promises, understandings or agreements, oral or otherwise, between the parties not contained in this Agreement or attached to it shall be of any force or effect. Any additions or amendments to this Agreement shall be of no force or effect unless in writing and signed by the parties.

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IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed, as of the dates undermentioned.

CALVO'S SELECTCARE INSURANCE, INC.

By: 

Frank Campillo
President

Date: 11/18/2025

GOVERNMENT OF GUAM

By: 

Edward M. Birn, Director
Department of Administration

Date: 11/26/25

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