

Previous No. **NONE**

Identification No. **691802199520**

I. Name and address Of the Master Policyholder:	The Beacon/Axis Series Group Insurance Trust C/O Lutea (Anguilla) Limited P.O. Box 1533, The Valley, TV1 13P British West Indies
Name of Members:	Don Thilakaratne Kohilawattage
Members Address:	189 Galroda road Kadawatha Western Ptovince Sri Lanka 11850
Mail Forwarding Address of Members:	189 Galroda road Kadawatha Western Ptovince Sri Lanka 11850

II. Effective date of Coverage:	09/22/2023 to 10/01/2023 (Coverage and Benefits will terminate at 11:59 PM, EST)
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III. Insurance is effective with certain	Davies Insurance Limited for and on behalf of the Azimuth Segregated Account and Reinsured by certain Lloyd's Underwriters
Percentage	100%

IV. Amount:	As set forth in Section 21, Schedule of Benefits and Limits
Coverage:	THE BEACON SERIES TRAVEL MEDICAL PLAN
Deductible:	\$ 0.00
Maximum Limit:	\$ 25,000.00
Ultimate Sports Rider:	No
Premium:	\$ 66.50

V. Agent / Agent(s) of Record:	INSUBUY, Inc.
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Dated:
09/21/2023

AZIMUTH RISK SOLUTIONS



BY:
Correspondent