

Previous No. **NONE**

Identification No. **691802199523**

<b>I. Name and address Of the Master Policyholder:</b>	The Beacon/Axis Series Group Insurance Trust C/O Lutea (Anguilla) Limited P.O. Box 1533, The Valley, TV1 13P British West Indies
<b>Name of Members:</b>	<b>Shukla deepak (691802199523)</b>
<b>Members Address:</b>	gujarat gujarat ahmedabad Gujarat India 111111
<b>Mail Forwarding Address of Members:</b>	gujarat gujarat ahmedabad Gujarat India 111111
<b>II. Effective date of Coverage:</b>	<b>January 3, 2024 to December 31, 2024</b> (Coverage and Benefits will terminate at 11:59 PM, EST)
<b>III. Insurance is effective with certain</b>	Davies Insurance Limited for and on behalf of the Azimuth Segregated Account and Reinsured by certain Lloyd's Underwriters
<b>Percentage</b>	100%
<b>IV. Amount:</b>	As set forth in Section 24, Schedule of Benefits and Limits
<b>Coverage:</b>	<b>MERIDIAN CLEAR</b>
<b>Deductible:</b>	\$ 500.00
<b>Premium:</b>	\$ 1,282.00
<b>Conditional Rate Increase:</b>	N/A
<b>Smoking Rider Rate Increase:</b>	N/A
<b>Ultimate Sports Rider:</b>	No
<b>Rate:</b>	\$ 1,282.00
<b>Due Dates/Amounts:</b>	January 3, 2024 / \$ 1,282.00
<b>V. Special conditions/Forms Attached:</b>	SLC-3 (USA) NMA2868 (24/08/00); DECLARATION PAGE; FORM MSE-01 (PAGES 1-32); EXHIBIT A - APPLICATION; RIDERS- 0
<b>VI. Agent / Agent(s) of Record:</b>	ARS Default

**Dated:**  
01/02/2024

**AZIMUTH RISK SOLUTIONS**



**BY:**  
**Correspondent**