


Previous No. **NONE**

Identification No. **BG001030**

I. Name and address Of the Applicant:	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:	Beau Test
Primary Residence Address of Members:	1. N Pennsylvania St. Suite200 46204 Indianapolis, Indiana United States 46204
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II. Effective date from:	05/15/2017 to 05/26/2017 (Both days are at 12:01 a.m. eastern standard time)
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III. Insurance is effective with certain Percentage	UNDERWRITERS AT LLOYD'S, LONDON 100%
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IV. Amount:	As set forth in Section 24, Schedule of Benefits and Limits
Coverage:	USA Guest Insurance Travel Medical Plan (A BEAON SERIES PRODUCT)
Deductible:	\$ 500.00 per Coverage Period
Maximum Limit:	\$ 60,000.00
Rate:	\$ 0.70 per day per member
Due Dates/Amounts:	05/26/2017 / \$ 7.56
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VI. Service of Suit may be made upon:	Drinker, Biddle & Reath LLP 1177 Avenue of the Americas, Floor 41 New York, New York 10036-2714
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VII. Agent / Agents of record:	Amit Company

Dated:
May 10, 2017

AZIMUTH RISK SOLUTIONS

BY: 
Correspondent

A full version of the Evidence of Insurance or Master Policy with a complete list of benefits, conditions, limitations and exclusions are available upon request.