

Previous No. **NONE**

Identification No. **691802215459**

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 Member/Group:	Carly Coleman / Glens Falls Medical Mission
Number of Initial Participating Members:	31
Group/ Organization Address:	POB 627 Glens Falls New York 12801
Mail Forwarding Address of Members:	Same As Above

II. Effective date from:	4/19/2024 to 4/28/2024 (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:	\$ 600,000.00 (or as agreed to and set forth in No. 21, of the Evidence of Insurance, Schedule of Benefits).
Coverage:	THE BEACON SERIES GROUP TRAVEL MEDICAL PLAN
Deductible:	\$ 500.00
Premium:	As agreed per Exhibit B (attached)
Initial Deposit:	N/A

V. Special conditions/Forms Attached:	SLC-3 (USA) NMA2868 (24/08/00); DECLARATION PAGE; EVIDENCE OF INSURANCE (PAGES 1-28); EXHIBIT A – APPLICATION
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VI. Agent / Agents of record:	Insurance Services of America
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Dated:
04/12/24

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.