

Previous No. **NONE**

Identification No. **691802215465**

---

<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 Member/Group:</b>	<b>Emily Shipley / Glens Falls Medical Mission</b>
<b>Number of Initial Participating Members:</b>	31
<b>Group/ Organization Address:</b>	POB 627 Glens Falls New York 12801
<b>Mail Forwarding Address of Members:</b>	Same As Above

---

<b>II. Effective date from:</b>	<b>4/20/2024 to 4/28/2024</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>	\$ 600,000.00 (or as agreed to and set forth in No. 21, of the Evidence of Insurance, Schedule of Benefits).
<b>Coverage:</b>	<b>THE BEACON SERIES GROUP TRAVEL MEDICAL PLAN</b>
<b>Deductible:</b>	\$ 500.00
<b>Premium:</b>	As agreed per Exhibit B (attached)
<b>Initial Deposit:</b>	N/A

---

<b>V. Special conditions/Forms Attached:</b>	SLC-3 (USA) NMA2868 (24/08/00); DECLARATION PAGE; EVIDENCE OF INSURANCE (PAGES 1-28); EXHIBIT A – APPLICATION
--	---

---

<b>VI. Agent / Agents of record:</b>	Insurance Services of America
--------------------------------------	-------------------------------

---

**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.