

Previous No. **NONE**

Identification No. **691802051790**

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| <b>I. Name and address<br/>Of the Master Policyholder:</b> | The Beacon/Axis Series Group Insurance Trust<br>C/O Lutea (Anguilla) Limited<br>P.O. Box 1533, The Valley, TV1 13P<br>British West Indies |
| <b>Name of Members:</b>                                    | <b>Wilson Kweveria</b>  |
| <b>Members Address:</b>                                    | 2497 Red Hawk Ridge Ct<br>Aurora Illinois 60503   |
| <b>Mail Forwarding Address of Members:</b>                 | 2497 Red Hawk Ridge Ct<br>Aurora Illinois United States 60503   |

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| <b>II. Effective date of Coverage:</b> | <b>01/03/2021 to 03/28/2021</b><br>(Coverage and Benefits will terminate at 11:59 PM, EST) |
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| <b>III. Insurance is effective with certain<br/>Percentage</b> | UNDERWRITERS AT LLOYD'S, LONDON<br><br>100% |
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| <b>IV. Amount:</b>            | As set forth in Section 21, Schedule of Benefits and Limits |
| <b>Coverage:</b>              | <b>THE BEACON SERIES TRAVEL MEDICAL PLAN</b>                |
| <b>Deductible:</b>            | \$0   |
| <b>Maximum Limit:</b>         | \$ 60,000.00  |
| <b>Ultimate Sports Rider:</b> | No  |
| <b>Premium:</b>               | \$ 276.25   |

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| <b>VI. Service of Suit may be made upon:</b> | Drinker, Biddle & Reath LLP<br>1177 Avenue of Americas, Floor 41<br>New York, New York, 10036-2714 |
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| <b>I. Agent / Agent(s) of Record:</b> | Squaremouth, Inc. |
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**Dated:**  
01/03/2021

**AZIMUTH RISK SOLUTIONS**



**BY:**  
**Correspondent**