

This Declaration Page is attached to and forms part of the Evidence of Insurance provisions:  
SLC-3 (USA) NMA2868 (24/08/00)

Previous No. **NONE**

Identification No. **691802047140**

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**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 Members:** **FNU Thupten Wangden**

**Members Address:** 1781 Dresden Dr. NE  
Brookhaven Georgia United States 30319

**Mail Forwarding Address of  
Members:** 1781 Dresden Dr. NE  
Brookhaven Georgia United States 30319

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**II. Effective date of Coverage:** **03/02/2020 to 02/28/2021**  
(Coverage and Benefits will terminate at  
11:59 PM, EST)

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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 21, Schedule of  
Benefits and Limits

**Coverage:** **THE BEACON SERIES TRAVEL  
MEDICAL PLAN**

**Deductible:** \$2,500.00

**Maximum Limit:** \$ 550,000.00

**Ultimate Sports Rider:** No

**Premium:** 1019.2

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**VI. Service of Suit may be made upon:** Drinker, Biddle & Reath LLP  
1177 Avenue of Americas, Floor 41  
New York, New York, 10036-2714


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**I. Agent / Agent(s) of Record:** Insurance Services of America

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**Dated:**  
**03/02/2020**

**AZIMUTH RISK SOLUTIONS**

**BY:**   
**Correspondent**