

Previous No. **NONE**

Identification No. **691802051109**

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<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 Members:</b>	<b>Mariel Pauline Rosen</b>
<b>Members Address:</b>	2116 35TH ST APT 2F ASTORIA NY United States 11105-2130
<b>Mail Forwarding Address of Members:</b>	2116 35TH ST APT 2F ASTORIA NY United States 11105-2130

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<b>II. Effective date of Coverage:</b>	<b>12/06/2020 to 02/28/2021</b> (Coverage and Benefits will terminate at 11:59 PM, EST)
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<b>III. Insurance is effective with certain Percentage</b>	UNDERWRITERS AT LLOYD'S, LONDON  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>	\$250
<b>Maximum Limit:</b>	\$ 25,000.00
<b>Ultimate Sports Rider:</b>	No
<b>Premium:</b>	\$ 68.00

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<b>VI. Service of Suit may be made upon:</b>	Drinker, Biddle & Reath LLP 1177 Avenue of Americas, Floor 41 New York, New York, 10036-2714
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<b>I. Agent / Agent(s) of Record:</b>	INSUBUY, Inc.
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**Dated:**  
11/29/2020

**AZIMUTH RISK SOLUTIONS**



**BY:**  
**Correspondent**