

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. **691802047976**

---

<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>Nancy M Moreno Vera</b>
<b>Members Address:</b>	1671 Blatt Blvd FI United States 33326
<b>Mail Forwarding Address of Members:</b>	1671 Blatt Blvd FI United States 33326
<hr/>	
<b>II. Effective date of Coverage:</b>	<b>04/29/2020 to 04/25/2021</b> (Coverage and Benefits will terminate at 11:59 PM, EST)
<hr/>	
<b>III. Insurance is effective with certain Percentage</b>	UNDERWRITERS AT LLOYD'S, LONDON  100%
<hr/>	
<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>	\$1,000.00
<b>Maximum Limit:</b>	\$ 550,000.00
<b>Ultimate Sports Rider:</b>	No
<b>Premium:</b>	2215.44
<hr/>	
<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
<hr/>	
<b>I. Agent / Agent(s) of Record:</b>	Carlos Noguera
<hr/>	

**Dated:**  
**04/16/2020**

**AZIMUTH RISK SOLUTIONS**

  
**BY:**  
**Correspondent**