

Previous No. **NONE**

Identification No. **691802051861**

---

<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>Carrie D Wells</b>
<b>Members Address:</b>	4219 N Church way apt 6 louisville Kentucky United States 40207
<b>Mail Forwarding Address of Members:</b>	4219 N church way apt 6 louisville Kentucky United States 40207

---

<b>II. Effective date of Coverage:</b>	<b>01/20/2021 to 05/31/2021</b> (Coverage and Benefits will terminate at 11:59 PM, EST)
--	--

---

<b>III. Insurance is effective with certain Percentage</b>	UNDERWRITERS AT LLOYD'S, LONDON  100%
--	---

---

<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>	\$2,500.00
<b>Maximum Limit:</b>	\$ 1,100,000.00
<b>Ultimate Sports Rider:</b>	No
<b>Premium:</b>	\$ 290.14

---

<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
--	--

---

<b>I. Agent / Agent(s) of Record:</b>	ARS Default
---------------------------------------	-------------

---

**Dated:**  
01/07/2021

**AZIMUTH RISK SOLUTIONS**



**BY:**  
**Correspondent**