

Previous No. **NONE**

Identification No. **691802050053**

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:	Manuel Parra
Members Address:	814 Neptune pointe In Kissimmee Florida 235 34744
Mail Forwarding Address of Members:	3200 cypress bend way Kissimmeee Florida 235 34746

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

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

IV. Amount:	As set forth in Section 21, Schedule of Benefits and Limits
Coverage:	THE BEACON SERIES TRAVEL MEDICAL PLAN
Deductible:	\$0.00
Maximum Limit:	\$ 60,000.00
Ultimate Sports Rider:	No
Premium:	\$ 57.40

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

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

Dated:
02/01/2021

AZIMUTH RISK SOLUTIONS



BY:
Correspondent