

Previous No. **NONE**

Identification No. **691802049723**

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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: | Christina Florakis |
| Members Address: | 329 Stuart Drive New Rochelle New York United States 10804 |
| Mail Forwarding Address of Members: | 329 Stuart Drive New Rochelle New York United States 10804 |

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| II. Effective date of Coverage: | 09/14/2020 to 05/31/2021 (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: | \$100.00 |
| Maximum Limit: | \$ 1,100,000.00 |
| Ultimate Sports Rider: | No |
| Premium: | \$ 337.48 |

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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: | ARS Default |
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Dated:
09/14/2020

AZIMUTH RISK SOLUTIONS



BY:
Correspondent