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. 691802049321
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:	Lennon Mazonde
Members Address:	1520 Greening Lane Harrisburg Pennsylvania 235 17110
Mail Forwarding Address of Members:	1520 Greening Lane Harrisburg Pennsylvania 235 17110
Effective date of Coverage:	03/01/2021 to 03/31/2021 (Coverage and Benefits will terminate at 11:59 PM, EST)
Insurance is effective with certain	UNDERWRITERS AT LLOYD'S, LONDON
Percentage	100%
Amount:	As set forth in Section 21, Schedule of Benefits and Limits
Coverage:	THE BEACON SERIES TRAVEL MEDICAL PLAN
Deductible:	\$100.00
Maximum Limit:	\$ 60,000.00
Ultimate Sports Rider:	No
Premium:	\$ 55.92
Service of Suit may be made upon:	Drinker, Biddle & Reath LLP 1177 Avenue of Americas, Floor 41 New York, New York, 10036-2714
Agent / Agent(s) of Record:	Alonso R. Cornejo (ASA, Inc.)
	Name and address Of the Master Policyholder: Name of Members: Members Address: Mail Forwarding Address of Members: Effective date of Coverage: Insurance is effective with certain Percentage Amount: Coverage: Deductible: Maximum Limit: Ultimate Sports Rider: Premium: Service of Suit may be made upon:

Carlo M. Rohino

Dated:

02/27/2021

Correspondent

AZIMUTH RISK SOLUTIONS