## 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. 691802049307  |
|--------|--|--|
| 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:                             | Joseph P Kiefer  |
|        | Members Address:                             | 1425 Sedwick Road<br>Durham North Carolina United States 27713   |
|        | Mail Forwarding Address of Members:          | 1425 Sedwick Road Durham North Carolina United States 27713  |
| II.    | Effective date of Coverage:                  | <b>08/11/2020</b> to <b>08/09/2021</b> (Coverage and Benefits will terminate at 11:59 PM, EST)                                   |
| III.   | Insurance is effective with certain          | UNDERWRITERS AT LLOYD'S, LONDON  |
|        | Percentage                                   | 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:                       | Yes  |
|        | Premium:                                     | \$ 414.05  |
| VI.    | Service of Suit may be made upon:            | Drinker, Biddle & Reath LLP<br>1177 Avenue of Americas, Floor 41<br>New York, New York, 10036-2714                               |
| <br>I. | Agent / Agent(s) of Record:                  | ARS Default  |

Carlo M. Rohino

Dated:

08/10/2020

Correspondent

AZIMUTH RISK SOLUTIONS