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. 701940463
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:	John R Brown
	Members Address:	15970 W. State Rd. 84 #101 Sunrise Florida 235 33326
	Mail Forwarding Address of Members:	15970 W. State Rd. 84 #101 Sunrise Florida 235 33326
II.	Effective date of Coverage:	09/11/2020 to 09/09/2021 (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:	\$500.00
	Maximum Limit:	\$ 50,000.00
	Ultimate Sports Rider:	No
	Premium:	\$ 1,883.70
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:

08/28/2020

AZIMUTH RISK SOLUTIONS

Carlo M. Rohimon

BY: Correspondent