

Previous No. **NONE**

Identification No. **691802052714**

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:	AMSAVALLI KANNAPPAN
Members Address:	2182 KOESTER TRCE LEWIS CENTER OH United States 43035-7628
Mail Forwarding Address of Members:	2182 KOESTER TRCE LEWIS CENTER OH United States 43035-7628

II. Effective date of Coverage:	02/26/2021 to 05/27/2021 (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:	\$2500
Maximum Limit:	\$ 25,000.00
Ultimate Sports Rider:	No
Premium:	\$ 380.93

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:	INSUBUY, Inc.
---------------------------------------	---------------

Dated:
02/23/2021

AZIMUTH RISK SOLUTIONS



BY:
Correspondent