

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. **691802048915**

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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:** **Hannah Rasmussen**

**Members Address:** 1385 Canfield Av  
St Paul Minnesota United States 55108

**Mail Forwarding Address of  
Members:** 1385 Canfield Av  
St Paul Minnesota United States 55108

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**II. Effective date of Coverage:** **08/01/2020 to 07/29/2021**  
(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:** \$0.00

**Maximum Limit:** \$ 2,000,000.00

**Ultimate Sports Rider:** No

**Premium:** 744.15

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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:** Cecille Brechin

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**Dated:**  
**07/13/2020**

**AZIMUTH RISK SOLUTIONS**

**BY:**   
**Correspondent**