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. 691802046086 |
|--|--|
| 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: | Wendy Israelite |
| Members Address: | 8 Livery Lane Hampton New York 235 11937 |
| Mail Forwarding Address of Members: | 8 Livery Lane East Hampton New York 235 11937 |
| Effective date of Coverage: | 01/01/2021 to 02/28/2021 (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: | \$2,500.00 |
| Maximum Limit: | \$ 50,000.00 |
| Ultimate Sports Rider: | No |
| Premium: | \$ 237.48 |
| 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: | Robert S. Loeb (Westchester Benefit Group, 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: |

AZIMUTH RISK SOLUTIONS

12/22/2020

Dated:

Carlo M. Rohmon

Correspondent