## 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. 691802051976
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:	Liping Yuwen
	Members Address:	3836 Spring Garden St, Apt20 Philadelphia PA United States 19104
	Mail Forwarding Address of Members:	4720 CENTRE AVE APT 5F PITTSBURGH PA United States 15213-1719
II.	Effective date of Coverage:	<b>01/13/2021</b> to <b>04/09/2021</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:	\$500
	Maximum Limit:	\$ 75,000.00
	Ultimate Sports Rider:	No
	Premium:	\$ 295.97
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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Dated: AZIMUTH RISK SOLUTIONS

01/13/2021

BY: Carlo M. Rohmon

Correspondent