

This Declaration Page is attached to and forms part of the Evidence of Insurance provisions:
SLC-3 (USA) NMA2868 (24/08/00)

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:	DeRuischer Jonathan Daniel (691802047659) DeRuischer Kathryn Diane (691802047660) DeRuischer Jackson Robert (691802047661) DeRuischer Noah James (691802047662) DeRuischer Grace Elisabeth (691802047663) DeRuischer Judah Eric (691802047664) DeRuischer Faith Noelle (691802047665)
Members Address:	5399 Effingham Dr Kentwood Michigan United States 49508
Mail Forwarding Address of Members:	3170 Airmans Dr Unit 1069-HAFF Fort Pierce Florida United States 34946
II. Effective date of Coverage:	March 25, 2020 to March 23, 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 24, Schedule of Benefits and Limits Coverage: MERIDIAN ESSENTIAL Deductible: \$ 1,000.00 Premium: \$ 4,440.00 Conditional Rate Increase: N/A Smoking Rider Rate Increase: N/A Ultimate Sports Rider: No Rate: \$ 4,668.66

