

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:	Kollabathula Sarah Prasthuthi (691802047496)
Members Address:	Krupa Nilaya 4th cross Devanue Church Devanur Thumkar Karnataka India 572102
Mail Forwarding Address of Members:	8701 Digital Dr. APt 305 Charlotte North Carolina United States 28262
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II. Effective date of Coverage:	March 10, 2020 to March 8, 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 24, Schedule of Benefits and Limits
Coverage:	MERIDIAN ENHANCED
Deductible:	\$ 1,000.00
Premium:	\$ 4,524.00
Conditional Rate Increase:	Sarah by 20%
Smoking Rider Rate Increase:	N/A
Ultimate Sports Rider:	No
Rate:	\$ 4,524.00
Due Dates/Amounts:	March 10, 2020 / \$ 4,524.00
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V. Special conditions/Forms Attached:	SLC-3 (USA) NMA2868 (24/08/00); DECLARATION PAGE; FORM MSE-01 (PAGES 1-32); EXHIBIT A - APPLICATION; RIDERS- 0
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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
