## 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. 691802050919

I. Name and address The Beacon/Axis Series Group Insurance Trust

Of the Master Policyholder: C/O Lutea (Anguilla) Limited

P.O. Box 1533, The Valley, TV1 13P

**British West Indies** 

Name of Members: Temple Malia Xue (691802050919)

Members Address: 905 E Meadowlark St

Springfield Missouri United States 65810

Mail Forwarding Address of Members: 905 E Meadowlark St

Springfield Missouri United States 65810

II. Effective date of Coverage: December 1, 2020 to November 29, 2021

(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 24, Schedule of Benefits and Limits

Coverage: MERIDIAN ESSENTIAL

**Deductible:** \$ 1,000.00

**Premium:** \$ 1,521.00

Conditional Rate Increase:

N/A

Smoking Rider Rate Increase:

N/A

Ultimate Sports Rider:

No

**Rate:** \$ 1,521.00

**Due Dates/Amounts:** December 1, 2020 / \$ 1,521.00

V. Special conditions/Forms Attached:

 $SLC-3 \ (USA) \ NMA2868 \ (24/08/00); \ DECLARATION \ PAGE; \ FORM \ MSE-01 \ (PAGES \ 1-32); \ EXHIBIT \ A-APPLICATION; \ RIDERS-1 \ APPLICATION; \ RIDERS-1 \ APPLICATION;$ 

VI. Service of Suit may be made upon: Drinker, Biddle & Reath LLP

1177 Avenue of Americas, Floor 41 New York, New York, 10036-2714

als M. Rohmon

VII. Agent / Agent(s) of Record: International Care, Inc.

Dated: AZIMUTH RISK SOLUTIONS

11/23/2020

BY:

Correspondent