

Previous No. **NONE**

Identification No. **691802048806**

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:	Koval Kyle Christopher (691802048806) Koval Rebecca Lynn (691802048807) Koval Giada Lynn (691802048808) Koval Gemma Rebecca (691802048809) Koval Luca John (691802048810) Koval Rosa Nicole (691802048811)
Members Address:	Via Enrico Toti, 28 Ancona Ancona Italy 60123
Mail Forwarding Address of Members:	Via Enrico Toti, 28 Ancona Ancona Italy 60123

II. Effective date of Coverage:	August 1, 2020 to July 30, 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 ESSENTIAL
Deductible:	\$ 5,000.00
Premium:	\$ 2,372.00
Conditional Rate Increase:	N/A
Smoking Rider Rate Increase:	N/A
Ultimate Sports Rider:	No
Rate:	\$ 2,372.00
Due Dates/Amounts:	August 1, 2020 / \$ 2,372.00

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
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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
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VII. Agent / Agent(s) of Record:	Doug Gulleson
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Dated:
07/22/2020

AZIMUTH RISK SOLUTIONS

Carl M. Robinson

BY:

Correspondent