

Previous No. **NONE**

Identification No. **691802050360**

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- 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:** **Dyer Samuel Todd (691802050360)**  
**Dyer Desiree Nicole (691802050402)**  
**Dyer Ezra Knox (691802050403)**  
**Dyer Salem Michal (691802050404)**
- Members Address:** Gerberm<sup>Å</sup>¼hlstr. 45  
Frankfurt Germany
- Mail Forwarding Address of Members:** Gerberm<sup>Å</sup>¼hlstr. 45  
Frankfurt Germany
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- II. Effective date of Coverage:** **October 21, 2020 to October 19, 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:** \$ 1,000.00
- Premium:** \$ 2,224.00
- Conditional Rate Increase:** N/A
- Smoking Rider Rate Increase:** N/A
- Ultimate Sports Rider:** No
- Rate:** \$ 2,224.00
- Due Dates/Amounts:** October 21, 2020 / \$ 2,224.00
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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
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- VII. Agent / Agent(s) of Record:** Doug Gulleeson
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**Dated:**  
10/22/2020

**AZIMUTH RISK SOLUTIONS**



**BY:**  
**Correspondent**