

Previous No. **NONE**

Identification No. **691802050030**

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:	Klaus Keith Anthony (691802050030) Klaus Julia Michelle (691802050219)
Members Address:	Triftstr. 34 Laaber Germany 93164
Mail Forwarding Address of Members:	Triftstr. 34 Laaber Germany 93164

II. Effective date of Coverage:	October 9, 2020 to October 7, 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:	\$ 3,884.20
Conditional Rate Increase:	Julia by 20%
Smoking Rider Rate Increase:	N/A
Ultimate Sports Rider:	No
Rate:	\$ 4,661.04
Due Dates/Amounts:	October 9, 2020 / \$ 776.84; November 8, 2020 - August 7, 2021 / \$ 388.42


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
--	--

VI. Service of Suit may be made upon:	Drinker, Biddle & Reath LLP 1177 Avenue of Americas, Floor 41 New York, New York, 10036-2714
--	--

VII. Agent / Agent(s) of Record:	Customer Service
---	------------------

Dated:
10/12/2020

AZIMUTH RISK SOLUTIONS


BY:
Correspondent