

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:	Carpinteyro Cabrera Fernando (691802048710) Carpinteyro Milena Bree (691802048711) Carpinteyro Gael Fernando (691802048712) Carpinteyro Alessia Rose (691802048713)
Members Address:	Calle Vicente Guerrero 1980 Ciudad Juarez Chihuahua Mexico 32599
Mail Forwarding Address of Members:	4444 Edgar Park Ave El Paso Texas United States 79904
II. Effective date of Coverage:	July 14, 2020 to July 12, 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:	\$ 2,426.40
Conditional Rate Increase:	Fernando by 20%
Smoking Rider Rate Increase:	N/A
Ultimate Sports Rider:	No
Rate:	\$ 2,426.40
Due Dates/Amounts:	July 14, 2020 / \$ 2,426.40
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

