

Previous No. **NONE**

Identification No. **691802049551**

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:	Hesselrode Robert Adam (691802049551) Hesselrode Gena Davis (691802049591) Hesselrode Brayden Davis (691802049592) Hesselrode Abigail Lea (691802049593) Hesselrode Ethan Bradley (691802049594)
Members Address:	BP 94 Virunga Valley Academy Musanze Rwanda
Mail Forwarding Address of Members:	603 Moore Ave Smyrna Tennessee United States 37167

II. Effective date of Coverage:	September 9, 2020 to September 7, 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:	\$ 2,500.00
Premium:	\$ 4,359.00
Conditional Rate Increase:	N/A
Smoking Rider Rate Increase:	N/A
Ultimate Sports Rider:	No
Rate:	\$ 4,359.00
Due Dates/Amounts:	September 9, 2020 / \$ 4,359.00

V. Special conditions/Forms Attached:	SLC-3 (USA) NMA2868 (24/08/00); DECLARATION PAGE; FORM MSE-01 (PAGES 1-32); EXHIBIT A - APPLICATION; RIDERS- 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 Gulleson
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Dated:
09/04/2020

AZIMUTH RISK SOLUTIONS



BY:
Correspondent

