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 The Beacon/Axis Series Group

Of the Master Policyholder: Insurance Trust

C/O Lutea (Anguilla) Limited

P.O. Box 1533, The Valley, TV1 13P

British West Indies

Name of Members: Kalashian Ariadne Kora

(691802046756)

Members Address: 111 Rue de la Folie Mericourt

France Paris France 75011

Mail Forwarding Address of 111 Rue de la Folie Mericourt

Members: France Paris France 75011

II. Effective date of Coverage: February 28, 2020 to February 26,

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 ENHANCED

Deductible: \$ 1,000.00

Premium: \$ 0.00

Conditional Rate Increase: N/A

Smoking Rider Rate Increase: N/A

Ultimate Sports Rider: No

Rate: \$ 0.00

Due Dates/Amounts: February 28, 2020 / \$ 0.00

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

VI. Service of Suit may be made upon: Drinker, Biddle & Reath LLP

1177 Avenue of Americas, Floor 41 New York, New York, 10036-2714