This Declaration Page is attached to and forms part of the Evidence of Insurance provisions: SLC-3 (USA) NMA2868 (24/08/00)

Previous No. NONE Identification No. BG001030

Name and address The Beacon/Axis Series Group Insurance Trust

Of the Applicant: C/O Lutea (Anguilla) Limited P.O. Box 1533, The Valley,

TV1 13P

British West Indies

Name of Members: Michael Chaplin

Primary Residence Address of Members: # 5 EAST GASTON STREE -----

SAVANNAH Georgia 235 31401

(A BEAON SERIES PRODUCT)

II. Effective date from: 02/01/2021 to 04/30/2021

(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: OverseasCare[™] Visitors Insurance[™] Travel Medical

Plan

Deductible: \$250.00 per Coverage Period

Maxmimum Limit: \$ 110,000.00

Rate: \$ 2.60 per day per member

Due Dates/Amounts: 04/30/2021 / \$ 231.40

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

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

VII. Agent / Agents of record: Visitors Insurance

Dated: AZIMUTH RISK SOLUTIONS

January 27, 2021

Casto M. Rohinson

BY:

Correspondent

A full version of the Evidence of Insurance or Master Policy with a complete list of benefits, conditions, limitations and exclusions are available upon request.