



07/30/2009

RECEIPT OF PAYMENT

TO: First Test

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES"

CERTIFICATE NUMBER: ARS-03-000803

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 5,513.00 TO AZIMUTH RISK SOLUTIONS, LLC.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX5804

Exp Date :1-2010

**THANK YOU FOR CHOOSING AZIMUTH RISK SOLUTIONS, LLC
FOR YOUR INTERNATIONAL MEDICAL INSURANCE NEEDS.**