



06/22/2009

RECEIPT OF PAYMENT

TO: LIVE POLICY TEST

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES"

CERTIFICATE NUMBER: ARS-04-0001027

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 1,648.80 TO AZIMUTH RISK SOLUTIONS, LLC.

PAYMENT RECEIVED BY VISA CARD XXXXXXXXXXXXXXXXXXXX

EXP:

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