



07/28/2020

RECEIPT OF PAYMENT

TO: Diane Lindsey Chirichiello

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MARINER SERIES "

CERTIFICATE NUMBER: 691802049101

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 2,561.80 TO
AZIMUTH RISK SOLUTIONS.**

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX5618 Exp Date :10-2023

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