

03/03/2020

RECEIPT OF PAYMENT .....

**TO: Brennan Dates** 

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MARINER SERIES"

**CERTIFICATE NUMBER: 691802047169** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 292.53 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Amex: XXXXXXXXXXXXX5004 Exp Date :12-2024

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