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RECEIPT OF PAYMENT

TO: Seedra Alhely

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802052489

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 9.55 TO AZIMUTH

RISK SOLUTIONS.

PAYMENT RECEIVED BY AMEX: XXXXXXXXXXXXXX2007 Exp Date :6/2024

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

For customer service or repurchase, please contact: For claims and emergency assistance please contact the

Insubuy[®], Inc. plan administrator:

Azimuth Risk Solutionssm

4200 Mapleshade Ln, Suite 200

Plano, TX 75093 8520 Allison Pointe Blvd, Suite 220

United States Indianapolis, IN 46250

Toll Free: +1 (866) INSUBUY United States

Phone:+1 (972) 985-4400 Toll Free: +1 (888) 201-8850

Website: www.insubuy.com Phone: +1 (317) 644-6291

Email: info@insubuy.com | Fax: +1 (888) 201-8851