

Λ.	101	10	
01	/31	172	Ո21

RECEIPT OF PAYMENT

TO: Hong Mao

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802051256

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 386.40 TO AZIMUTH

RISK SOLUTIONS.

PAYMENT RECEIVED BY amex: XXXXXXXXXXXXX3449 Exp Date :03/2024

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 5218 S East St., Suite E-1

United States Indianapolis, IN 46227

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