



07/22/2020

**RECEIPT OF PAYMENT .....**

**TO: Kyle Christopher Koval**

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES "**

**CERTIFICATE NUMBER: 691802048806**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 2,372.00 TO  
AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX6482      Exp Date :06-2023**

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