



06/12/2020

RECEIPT OF PAYMENT

TO: Mary Ellen Hand Lee

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES "

CERTIFICATE NUMBER: 691802048342

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 2,658.00 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX3708

Exp Date :6-2022

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