



07/15/2020

RECEIPT OF PAYMENT

TO: Molly Wilson

REGARDING: PAYMENT OF INSURANCE PREMIUM “THE MERIDIAN SERIES ”

CERTIFICATE NUMBER: 691802048886

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 4,166.40 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX1149
2024

Exp Date :08-

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