



01/27/2021

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

**TO: Marina Ann Cirillo**

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "**

**CERTIFICATE NUMBER: 691802052153**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 172.12 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX1291      Exp Date :10/2022**

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

<p><b>For customer service or repurchase, please contact:</b> <b>Insubuy®</b>, Inc.</p> <p><b>4200 Mapleshade Ln, Suite 200</b> <b>Plano, TX 75093</b> <b>United States</b> <b>Toll Free: +1 (866) INSUBUY</b> <b>Phone:+1 (972) 985-4400</b> <b>Website: <a href="http://www.insubuy.com">www.insubuy.com</a></b> <b>Email: <a href="mailto:info@insubuy.com">info@insubuy.com</a></b></p>	<p><b>For claims and emergency assistance please contact the plan administrator:</b> <b>Azimuth Risk Solutions<sup>SM</sup></b></p> <p><b>5218 S East St., Suite E-1</b> <b>Indianapolis, IN 46227</b> <b>United States</b> <b>Toll Free: +1 (888) 201-8850</b> <b>Phone: +1 (317) 644-6291</b> <b>Fax: +1 (888) 201-8851</b></p>
---	---