



02/27/2020

RECEIPT OF PAYMENT

TO: Ariadne Kora Kalashian

REGARDING: PAYMENT OF INSURANCE PREMIUM “THE MERIDIAN SERIES ”

CERTIFICATE NUMBER: 691802046756

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 0.00 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXXXX0000

Exp Date :01-2021

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