

01/15/2021

RECEIPT OF PAYMENT .....

TO: Satyanarayana Naidu

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE OverseasCare™ Visitors Insurance™ Plan "** 

CERTIFICATE NUMBER: 691802052001

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 307.80 TO AZIMUTH RISK SOLUTIONS.

Exp Date :05/2024

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXX8390

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