



08/14/2020

RECEIPT OF PAYMENT

TO: Wanda Robinson

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

CERTIFICATE NUMBER: 691802049345

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 473.76 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX1098 Exp Date :03/2021

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