

**Ramza Insurance Group, Inc.**  
**P.O. Box 460**  
**Streator, IL 61364**  
**Phone: 815-672-3133**

Pana CUSD #8  
14 East Main Street  
Pana, IL 62557

INVOICE #	99999	Page 1
Date	12/18/2023	
Package, Auto & Umbrella Policy		
Star Insurance		
Company		
Producer		
Craig Ramza II		

Effective Date	Description	Amount
2/16/2024 to 2/16/2025	Workers Compensation	\$ 52,261.00
Please mail payment prior to the effective date to the following:		
Star Insurance Company P.O. Box 31130 Tampa, IL 33631		
Total		\$ 52,261.00