



**MICHIGAN MUNICIPAL LEAGUE
WORKERS' COMPENSATION FUND**

1675 Green Road, Ann Arbor, MI 48105

INVOICE

Lake Orion, Village Of
21 E Church St.
Lake Orion, MI 48362

Invoice #: 6280207
Policy #: 5001710-25
Installment #: 1
Invoice Date: 06/3/2025
Due Date: 06/15/2025

POLICY#	DESCRIPTION	AMOUNT
5001710-25	Policy Premium 7/1/2025 to 7/1/2026	\$4,061.00
AMOUNT DUE:		\$4,061.00

MAKE CHECK PAYABLE TO: MML Workers' Compensation Fund

PAYMENT MAILING ADDRESS

MML Workers' Compensation Fund
PO BOX 712087
CINCINNATI, OH 45271-2087

OR:

ACH PAYMENT OPTION

Bank: Key Bank, N.A.
Routing #: 041001039
Account #: 6000694481

For questions about remittance details, call Insurance Accounting at (734) 669-6373.
For policy or invoice questions, call Underwriting at (248) 204-8530.

**** YOUR NEXT INSTALLMENT WILL BE DUE ON:09/15/2025**

FOR PROPER CREDIT, PLEASE DETACH THIS STUB AND RETURN WITH YOUR PAYMENT



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Mail to:

MML Workers' Compensation Fund
PO BOX 712087
CINCINNATI, OH 45271-2087

Member Name:
Lake Orion, Village Of

Invoice #: 6280207
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Payment Enclosed: _____