

ORIGINAL

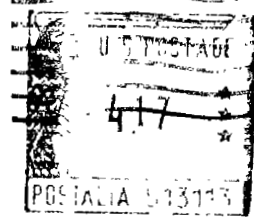
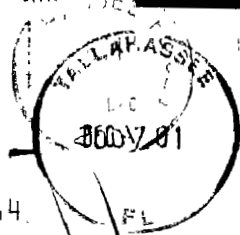
CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 5564



OneAmerica
1035 N.E. 125th Street, Suite 301
North Miami FL 33161-5841



ADDRESSEE
UNKNOWN

2355-PNH

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse of this form so that we can return this card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 OneAmerica
 1035 N.E. 125th Street, Suite 301
 North Miami FL 33161-5841

4a. Article Number
 7000 0600 0026 4144 5564

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Date of Delivery

6. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
 X

Thank you for using Return Receipt Service.

DOCUMENT NUMBER - DATE

15884 DEC20

FPSC-COMMISSION CLERK

