

3/27/18

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse
so that we can return the card to you.
Attach this card to the back of the mailpiece,
on the front if space permits.

Great West Casualty Company
171685
Atty. James Brewster
PO Box 94
South Sioux City, NE 68776



7016 1970 0000 4424 2920

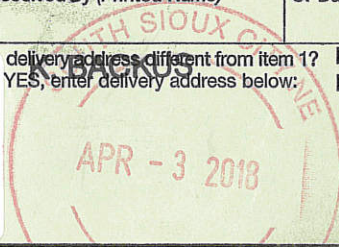
Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kevin J. Backus
B. Received By (Printed Name)
C. Date of Delivery

- Agent
- Addressee

delivery address different from item 1? Yes
YES, enter delivery address below: No



3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Priority Mail Express®

(over \$500)

Domestic Return Receipt