

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
1. Article Addressed to: <b>BEN LAWSKY</b> <b>Superintendent of Financial</b> <b>Services of New York</b> <b>Office of General Counsel</b> <b>ONE STATE STREET</b> <b>NEW YORK, NY 10004</b>		B. Received by (Printed Name)	C. Date of Delivery  
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>AUG 15 2014</b>  Office Services  NYS Dept. of Financial Services </div>	
		3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		<div style="border: 1px solid black; padding: 2px;"> 7014 0150 0002 2318 3692 </div>	
PS Form 3811, July 2013		Domestic Return Receipt	