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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations								
SUBJECT: PMA Mangement Corp.								
(Name of corporation - must include suffix)								
Dear Sir or Madam:								
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.								
Please return all correspondence concerning this matter to the following:								
Richard M. Dunlevy								
(Name of Person)								
The PMA Insurance Group								
(Firm/Company)								
380 Sentry Parkway								
(Address)								
Blue Bell, PA 19422								
(City/State and Zip code)								
For further information concerning this matter, please call:								
Richard M. Dunlevy at (610) 397-5108								
(Name of Person) (Area Code & Daytime Telephone Number)								
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314								
Enclosed is a check for the following amount:								
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy								

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PMA Manager	nent Corp.		
	orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATIO	DN,"
(If name unavail	able in Florida, enter alternate corporate	name adopted for the purpose of transact	ing business in Florida)
		00 0050000	
2. Pennsylvania	under the law of which it is incorporated	3. 23-2652239 (FEI number, if ap	mlicable)
	under the law of which it is incorporated		priodoto)
4. June 14, 1991	of incorporation)	5. Perpetual (Duration: Year corp. will cease	to aviet or "nametral"
,	e of incorporation)	(Duration: Tear corp. will cease	to exist of perpendar)
6. N/A			
		ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liab	ilitv)
000 0	•	oonison, nisi, to dottamino pominy mas-	-
7. 380 Sentry Par		44	
	(Principal offic	e address)	, ,
Blue Bell, PA 1			
	(Current mailin	g address)	- •
8. Authorized to e	engage in any lawful business in Penr	nsylvania; will be providing TPA servi	ces in Florida.
(Purpose(s) of corporation authorized in home state	e or country to be carried out in state of F	lorida)
9. Name and stree	et address of Florida registered agent:	(P.O. Box NOT acceptable)	 -1
			ALLI SEE
Name:	Gary W. Harvey		<u>></u> R =
Office Address:	2701 N. Rocky Point Drive		
	Tampa		822
	Tampa	, Florida <u>3360 /</u> (Zip code)	FR > -
	(City)	(Zip code)	A III U
10. Registered a	gent's acceptance:		
Having been nan	ned as registered agent and to accept	service of process for the above state	ed corporation at the place
designated in this	application, I hereby accept the app	oointment as registered agent and ag	ree to act in this capacity. I
	omply with the provisions of all state with and accept the obligations of n		ete perjormance oj my auties
ana 1 am jamina	wun unu uccepi ine oviigaiions oj n	ny position as regisierea ageni.	
	Hama Har	NCX	
	(Registered agent's sign	ature)	, ·=

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS							
Chairman:			· · · · · · · · · · · · · · · · · · ·		. <u></u>		
Address:				·			
						.` 	**
Vice Chairman:	<u></u>	- -				·	
Address:							<u> </u>
	· ·	· .	· . · ·				
Director:			: -	, ,			
Address:							
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Director:	· · ·		:				
Address:	*9		;		.=		
/kudoss	7	4.85 A.		FC 11 F			, % -
B. OFFICERS							
President: Francis X. Altiere	-,	·	 -				
Address: 380 Sentry Parkway				· · · · · · · · · · · · · · · · · · ·	· , · · · · ·		
Biue Bell, PA 19422		_ _		-:-			
Vice President: George Dugan							
Address: 380 Sentry Parkway		·			A SEC	<u> </u>	
Blue Bell, PA 19422			 		AR - AR -	- 8 -	Marketone Company
Secretary: Robert Pratter	·	 _			55.55		-
Address: 380 Sentry Parkway; Blue Bell, PA 19422				_	m _G	<u>></u>	<u>.</u>
Treasurer: Vito Nigro						=	
Address: 380 Sentry Parkway; Blue Bell, PA 19422		•		,	- 5m	م ٠	
NOTE: If necessary, you may attach an addendum to	the appl	ication lis	ting additic	nal officers	s and/or d	lirectors.	
(Signature of Director or Office		n number	12 of the a	plication)	- 4	·	
14. Francis X. Altiere - President PMA Management	Corp.						

(Typed or printed name and capacity of person signing application)

COMMON WEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

February 08, 2005

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PMA MANAGEMENT CORP.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

2005 FEB II A II: SECRETARY OF STA

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Vedo h. Contas

Secretary of the Commonwealth