

CERTIFICATE OF SERVICE

I hereby certify that I am this day serving the foregoing document upon all parties of record in this proceeding, in accordance with the requirements of Pa. R.A.P. 3780, in the following manner:

Service via regular U.S. Mail addressed as follows:

Carl Maio, Esquire
CAMaio@foxrothschild.com
Healthcare Providers Insurance Exchange
1250 Camp Hill Bypass, Suite 108
Camp Hill, PA 17011

Edward S. Goodman, Esquire
esg@swimonsonlegal.com
Simonson Goodman Platzer PC
111 John Street
New York, NY 10038
(212) 233-5001
(212-223-0684 (Fax))

Steven Sawyer, Senior Vice President
Steven.Sawyer@MMICNC.com
Corporate Administration
700 Spring Forest Road, Suite 400
Raleigh, NC 27609

Paul G. Gagne, Esquire
pgagne@kleinbard.com
Kleinbard LLC
One Liberty Place, 46th Floor
1650 Market Street
Philadelphia, PA 19103
(215) 568-2000
(215) 568-0140 (Fax)

PRESTON M. BUCKMAN (I.D. #57570)
Insurance Department Counsel
Office of Liquidations, Rehabilitations
& Special Funds
Governor's Office of General Counsel
Capital Associates Building
901 North 7th Street
Harrisburg, PA 17102
(717) 886-2080

Dated: 1/7/20

Attorney for Jessica K. Altman, Insurance Commissioner of the Commonwealth of Pennsylvania, in her capacity as Statutory Liquidator of Healthcare Providers Insurance Exchange, In Liquidation