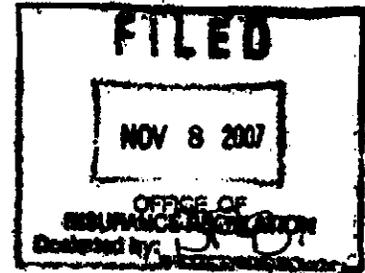




OFFICE OF INSURANCE REGULATION

KEVIN M. McCARTY
COMMISSIONER



IN THE MATTER OF:

CASE NO: 91446-07-CO

**THE DOCTORS' COMPANY,
AN INTERINSURANCE EXCHANGE**

2005 Market Conduct Examination

CONSENT ORDER

THIS CAUSE came on for consideration upon the agreement between THE DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE (hereinafter referred to as "THE DOCTORS' COMPANY") and the OFFICE OF INSURANCE REGULATION (hereinafter referred to as the "OFFICE"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the COMMISSIONER OF THE OFFICE OF INSURANCE REGULATION hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter of, and parties to, this proceeding.
2. THE DOCTORS' COMPANY is a foreign property and casualty insurer authorized to transact insurance business in Florida and is subject to the jurisdiction and regulation of the OFFICE pursuant to the Florida Insurance Code.
3. The OFFICE conducted a market conduct examination of THE DOCTORS' COMPANY pursuant to Section 624.3161, Florida Statutes, in 2005, and as a result of that

examination it contends that THE DOCTORS' COMPANY has violated the following provision of the Florida Insurance Code and/or Florida Administrative Code, to wit:

Medical Malpractice

Section 627.912, Florida Statutes – Failure to Timely Report Closed Claims.

4. THE DOCTORS' COMPANY expressly waives a hearing in this matter, the making of Findings of Fact and Conclusions of Law by the OFFICE, and all further and other proceedings herein to which the parties may be entitled by law. THE DOCTORS' COMPANY hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order, in any forum, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

5. THE DOCTORS' COMPANY agrees that upon the execution of this Consent Order it shall be subject to the following terms and conditions:

(a) THE DOCTORS' COMPANY shall pay a penalty of \$350,000 and administrative costs of \$3,000 on or before the 30th day after this Consent Order is executed.

(b) THE DOCTORS' COMPANY shall henceforth comply with all of the provisions of the Florida Insurance Code and the Florida Administrative Code.

(c) THE DOCTORS' COMPANY is hereby placed on notice of the requirements of the above referenced section of law and agrees that any future violation of this section by THE DOCTORS' COMPANY may be deemed willful, subjecting THE DOCTORS' COMPANY to appropriate penalties.

(d) THE DOCTORS' COMPANY has provided the OFFICE with a certification by an officer of the Company that all necessary corrective actions have been completed.

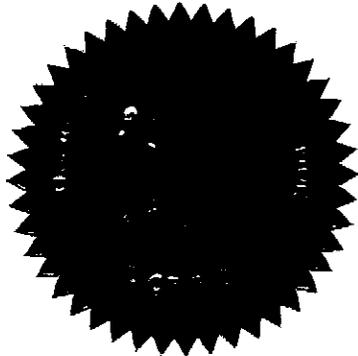
6. THE DOCTORS' COMPANY agrees that the failure to adhere to one or more of the above terms and conditions of this Consent Order shall constitute a violation of a lawful order of the OFFICE, and shall subject THE DOCTORS' COMPANY to such administrative action as the OFFICE may deem appropriate.

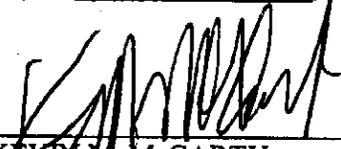
7. Except as noted above, each party to this action shall bear its own costs and attorney's fees.

THEREFORE, the agreement between THE DOCTORS' COMPANY and the OFFICE, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE AND ORDERED this 8TH day of NOVEMBER, 2007.





KEVIN M. McCARTY
Commissioner
Office of Insurance Regulation

By execution hereof, THE DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE, consents to entry of this Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions therein. The undersigned represents that he or she has the authority to bind THE DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE, to the terms and conditions of this Consent Order.



THE DOCTORS' COMPANY,
AN INTERINSURANCE EXCHANGE

By: [Signature]
Print Name: Devin O'Brien
Title: Senior Counsel
Date: October 24, 2007

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2007, by _____, who is personally known to me or has produced the following identification _____.

[Notarial Seal]

Signature of Notary

Print or Type Name

My Commission Expires:

SEE ATTACHED

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

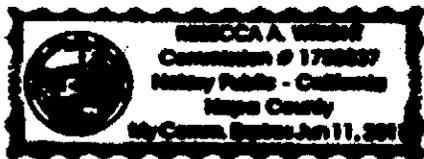
County of NAPA

On OCTOBER 24, 2007 before me, REBECCA A. WRIGHT, NOTARY PUBLIC

personally appeared DEVIN O'BRIEN

personally known to me

(or proved to me on the basis of satisfactory evidence)



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature Rebecca A. Wright
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing: _____

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