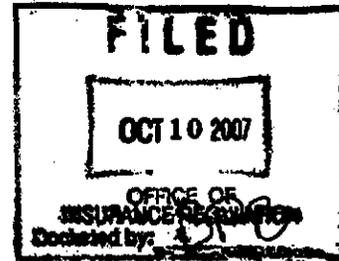




OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY
COMMISSIONER



IN THE MATTER OF:

CASE NO: 91066-07-CO

FLORIDA HEALTHCARE PROVIDERS
INSURANCE EXCHANGE

2005 Market Conduct Examination

CONSENT ORDER

THIS CAUSE came on for consideration upon the agreement between FLORIDA HEALTHCARE PROVIDERS INSURANCE EXCHANGE (hereinafter referred to as "FLORIDA HEALTHCARE PROVIDERS") 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. FLORIDA HEALTHCARE PROVIDERS is a domestic 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 FLORIDA HEALTHCARE PROVIDERS pursuant to Section 624.3161, Florida Statutes, in 2005, and as a

result of that examination it has been determined that FLORIDA HEALTHCARE PROVIDERS has violated the following provisions of the Florida Insurance Code and/or Florida Administrative Code, to wit:

Medical Malpractice

Section 627.912, Florida Statutes – Professional liability claims and actions; reporting by insurers and health care providers – Failure to Accurately Report Closed Claims.

4. FLORIDA HEALTHCARE PROVIDERS 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. FLORIDA HEALTHCARE PROVIDERS 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. FLORIDA HEALTHCARE PROVIDERS agrees that upon the execution of this Consent Order it shall be subject to the following terms and conditions:

(a) FLORIDA HEALTHCARE PROVIDERS shall pay a penalty of \$5,000 and administrative costs of \$3,000 on or before the 30th day after this Consent Order is executed.

(b) FLORIDA HEALTHCARE PROVIDERS shall henceforth comply with all of the provisions of the Florida Insurance Code and the Florida Administrative Code.

(c) FLORIDA HEALTHCARE PROVIDERS is hereby placed on notice of the requirements of the above referenced sections of law and agrees that any future violations of these sections by FLORIDA HEALTHCARE PROVIDERS may subject FLORIDA HEALTHCARE PROVIDERS to appropriate penalties.

(d) FLORIDA HEALTHCARE PROVIDERS shall, within 30 days of the execution of the Consent Order, provide to the OFFICE certification by an officer of the Company that all necessary corrective actions have been completed.

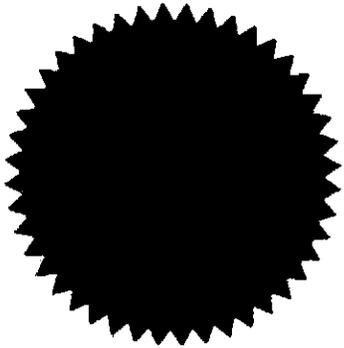
6. FLORIDA HEALTHCARE PROVIDERS agrees that the failure to adhere to one or more of the above terms and conditions of this Consent Order shall constitute a violation of a lawful order of the OFFICE, and shall subject FLORIDA HEALTHCARE PROVIDERS to such administrative action as the OFFICE may deem appropriate.

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

THEREFORE, the agreement between FLORIDA HEALTHCARE PROVIDERS 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 10TH day of OCTOBER, 2007.



Kevin M. McCarty

KEVIN M. McCARTY
Commissioner
Office of Insurance Regulation

By execution hereof, FLORIDA HEALTHCARE PROVIDERS INSURANCE 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 FLORIDA HEALTHCARE PROVIDERS INSURANCE EXCHANGE to the terms and conditions of this Consent Order.

FLORIDA HEALTHCARE PROVIDERS
INSURANCE EXCHANGE

[Corporate Seal]

By: _____

Print Name: Kurt Cetin

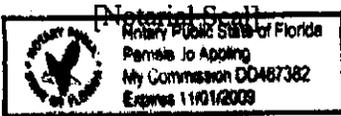
Title: President AEP

Date: 9/20/07

STATE OF FL

COUNTY OF Duval

The foregoing instrument was acknowledged before me this 20th day of September, 2007, by _____, who is personally known to me or has produced the following identification personally known



Signature of Notary _____

Pamela Jo Appling
Print or Type Name

My Commission Expires:

COPIES FURNISHED TO:

WILLIAM PASSOLT, President
Florida Healthcare Providers Insurance Exchange
2400 N Commerce Parkway, Suite 305
Weston, FL 33326

SAM BINNUN, Director
Market Investigations
Office of Insurance Regulation
200 E. Gaines Street, Room 216E
Tallahassee, FL 32399-4210

CHRISTOPHER MEADOWS
Assistant General Counsel
Legal Services Office
Office of Insurance Regulation
200 E. Gaines Street, Room 645-A-1
Tallahassee, FL 32399-4206