

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L03000042615
FILED 8:00 AM
November 04, 2003
Sec. Of State**

Article I

The name of the Limited Liability Company is:
PHYSICIANS INSURANCE GROUP, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1200 WESTON ROAD
THIRD FLOOR
WESTON, FL. US 33326

The mailing address of the Limited Liability Company is:
1200 WESTON ROAD
THIRD FLOOR
WESTON, FL. US 33326

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
WILLIAM J KELLY
1200 WESTON ROAD
THIRD FLOOR
WESTON, FL. 33326

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: WILLIAM J. KELLY

Article V

The name and address of managing members/managers are:

Title: MGRM
WILLIAM J KELLY
1200 WESTON ROAD
WESTON, FL. 33326 US

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Signature of member or an authorized representative of a member

Signature: WILLIAM J. KELLY