

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

L04000030246
FILED 8:00 AM
April 20, 2004
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:

PHYSICIANS PREFERRED INSURANCE MANAGEMENT, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

7791 BELFORT PARKWAY
SUITE 100
JACKSONVILLE, FL. 32256

The mailing address of the Limited Liability Company is:

7791 BELFORT PARKWAY
SUITE 100
JACKSONVILLE, FL. 32256

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:

MICHAEL J WALLACE
7791 BELFORT PARKWAY
SUITE 100
JACKSONVILLE, FL. 32256

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: MICHAEL J WALLACE

Article V

The name and address of managing members/managers are:

Title: MGRM
ELLIOTT HOROVITZ
7791 BELFORT PARKWAY, SUITE 100
JACKSONVILLE, FL. 32256

Title: MGRM
TIMOTHY R BONE
7791 BELFORT PARKWAY, SUITE 100
JACKSONVILLE, FL. 32256

Title: MGRM
ZACHORY R BUSHONG
7791 BELFORT PARKWAY, SUITE 100
JACKSONVILLE, FL. 32256

Title: MGRM
MICHAEL J WALLACE
7791 BELFORT PARKWAY, SUITE 100
JACKSONVILLE, FL. 32256

Article VI

The effective date for this Limited Liability Company shall be:

04/20/2004

Signature of member or an authorized representative of a member

Signature: MICHAEL J WALLACE

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