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TRI-STATE INSURANCE COMPANY

ACTUARIAL 7500604

Annual report of Malpractice claims during the calendar year
January 1, 1975 to December 31, 1975, pursuant to
Chapters 458 and 459, Florida Statutes:

1. NAME AND ADDRESS OF INSURED: DR. LEO BRAVERMAN
495 Biltmore Way
Coral Gables, Florida
2. SPECIALTY: PSYCHIATRIST
3. POLICY NO.: APA/AST4666/7993SPC
4. DATE OF CLAIM: 8/12/72
5. DATE OF SUIT: N/A
6. DATE AND AMOUNT PAID:
Date: 9/75 Amount: \$ NIL Expense \$274.20
Judgment Settlement Closed-No Payment Reason:
Attorney requested copies of Doctors records and no suit
was instituted
7. DESCRIPTION OF OCCURRENCE:
Patient committed Suicide