

TRI-STATE INSURANCE COMPANY

Annual report of Malpractice claims during the calendar year
January 1, 1977 to December 31, 1977, pursuant to
Chapters 458 and 459, Florida Statutes:

771189

1. NAME AND ADDRESS OF INSURED: DR. MYRON SILVERMAN
4600 N. Habana
Tampa, Florida

2. SPECIALTY: PSYCHIATRY

3. POLICY NO.: PPL/T 5155SPC

4. DATE OF CLAIM: 9/24/76

5. DATE OF SUIT: N/A

6. DATE AND AMOUNT PAID:

Date: 1/77 Amount: \$ NIL Expense \$ 484.76

Judgment Settlement Closed-No Payment Reason:

Claimant's Counsel not intending to name Doctor as defendant in
Action against the Hospital.

7. DESCRIPTION OF OCCURRENCE:

Alleged improper treatment