



Argonaut Insurance Company

220

9200 S. Dadeland Blvd., Suite 400, Miami, Florida 33156

File # 83C004181

Primary Carrier ARGONAUT INSURANCE COMPANY

Policy Number GL83-318-606690

Excess Carrier ARGONAUT INSURANCE COMPANY

Policy Number IL83-320-818256

Insured WILLIAM HOWELL, M.D.

Address 322 BRIARWOOD CIRCLE FORT WALTON BEACH, FLORIDA

Specialty GENERAL PRACTICE

Date of incident 4-27-75

Date of Suit 4-22-77

MEDICAL MEDIATION CLAIM 10-26-76

Disposition of incident:

Date 10-11-77

Settlement \$ 15,000.00

Defense Cost \$ 2,215.85

Summary Judgement N/A

Directed Verdict N/A

Let out by the jury N/A

Reason for final disposition, if no settlement.

Summary of occurrence which created claim.

PATIENT WAS INJECTED WITH INFERON, HER BUTTOCKS TURNED YELLOW AND SHE IS A STRIPPER.