

TRI-STATE INSURANCE COMPANY

781261

Annual report of Malpractice claims during the calendar year
January 1, 1978 to December 31, 1978, pursuant to
Chapters 458 and 459, Florida Statutes:

1. NAME AND ADDRESS OF INSURED: WILFRED C. JORGE, M.D.
187 Lake Morton Drive
Lakeland, Florida

2. SPECIALTY: PSYCHIATRY

3. POLICY NO.: PPL/T 5005

4. DATE OF CLAIM: 1/18/76

5. DATE OF SUIT: 1/77

6. DATE AND AMOUNT PAID:

Date: 4/78 Amount: \$ 23,750. Expense \$ 12,277.87

Judgment Settlement Closed-No Payment Reason:

7. DESCRIPTION OF OCCURRENCE:

Alleged improper prescribing of medication