

TRI-STATE INSURANCE COMPANY

Annual report of Malpractice claims during the calendar year  
January 1, 1979 to December 31, 1979, pursuant to  
Chapters 458 and 459, Florida Statutes:

- 1. NAME AND ADDRESS OF INSURED: Daniel T. Stinson, M.D.  
2104 Park Street  
Jacksonville, Fla. 32204
- 2. SPECIALTY: Psychiatry
- 3. POLICY NO.: PPL/T 5789
- 4. DATE OF CLAIM: 7/7/76
- 5. DATE OF SUIT: 5/23/77
- 6. DATE AND AMOUNT PAID:  
Date: January, 1979 Amount: \$ 80,000. Expense \$ 10,595.~~04~~  
Judgment  Settlement  Closed-No Payment  Reason:
- 7. DESCRIPTION OF OCCURRENCE: WRONGFUL DEATH