

**MICROFICHE**

PRIMARY CARRIER

Company Code 04160 (Florida Certificate of Authority Number)  
Company Name Florida Physicians' Insurance Reciprocal  
Policy Number 8001-33987

EXCESS CARRIER

Company Code      (Florida Certificate of Authority Number)  
Company Name \_\_\_\_\_  
Policy Number \_\_\_\_\_ 8/ C1300

Calendar Year Claim Closed 811 FCC MML IAC 3

Insured Lawrence T. Wylie, M.D.  
Address 1095 Mason Ave.  
Daytona Beach, Florida 32019

County Code 08

1) Specialty ONE - Psyc Code 19

2) Date of Incident (Month, Day, Year) 031380

3) Date submitted for mediation (Month, Day, Year)     

4) Disposition of mediation (check one):  
(1)  Plaintiff (2)  Defendant (3)  No final conclusion

5) Date of suit, if filed (Month, Day, Year)     

6) Disposition of incident (check one):  
(1)  Final Judgment (2)  Settlement  
(3)  Final Disposition Not Resulting in Payment on Behalf of the Insured

7) Date and amount of Judgment or Settlement (Month, Day, Year)     

A. Primary Indemnity \$ 00 C. Excess Indemnity \$ \_\_\_\_\_  
B. Primary Defense \$ 632,000 D. Excess Defense Costs \$ \_\_\_\_\_

8) Summary Judgment (1)  For Plaintiff (2)  For Defendant

9) Directed Verdict (1)  For Plaintiff (2)  For Defendant

0) Trial (1)  YES (2)  NO

1) Date and reason for final disposition, if no settlement or judgment:  
(Month, Day, Year) 032481 No claim pursued

2) Include brief summary of occurrence which created claim on back.

Pt admitted to hosp for diagnostic purposes. Pt had abnormal EEG & diag was made of mental retardation, epilepsy. Pt was put on medication. Later after final office visit pt dev rash & high fever & was admitted to ER to another Dr's service. Pt expired 6-7- days later w/ diag of Stevens-Johnson syndrome. Now attys requesting records