FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM FILE# ZC-5007

PRIMARY CARRIER
Company Code 01280 (Florida Certificate of Authority Number) 81 1886

Company Name Employers Fire Ins. Co.

Policy Number FX-2682-27

EXCESS CARRIER
Company Code [ ] (Florida Certificate of Authority Number)

Company Name

Policy Number

Calendar Year Claim Closed 81 FCC MM1 IAC 3

Insured Marvin Harris, M.D.

Address 158 NE 8th St., Miami, Fla. County Code 01

(1) Speciality Psychiatry Code 19

(2) Date of Incident (Month, Day, Year) 07 15 71

(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) 04 01 80

(6) Disposition of incident (check one):

(1) [ ] Final Judgment (2) [ ] Settlement

(3) [XX] 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 $ Nil C. Excess Indemnity $

B. Primary Defense $ 1050. D. Excess Defense Costs $

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

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

(10) Trial (1) [ ] YES (2) [X] NO

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(11) Date and reason for final disposition, if no settlement or judgment:
(Month, Day, Year) 03 23 81 Plaintiff took a voluntary dismissal as to our policy period.

(12) Include brief summary of occurrence which created claim.
Alleges a worsening of her psychological condition.

Prepared by

MM) 1-01/80