FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE# 132 L 23987

46030

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

00245

Company Name The Hartford Ins. Group - IMMUA

Policy Number 60 ID 100316

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

Company Name

Policy Number

Calendar Year Claim Closed [8 2] FCC [M M 1] IAC [3]

Insured Edward F. Steinmetz

Address 3661 Central Avenue, Ft. Myers, FL 33901 County Code [1 8]

1) Speciality Neurology Code [0 9]

2) Date of Incident (Month, Day, Year) [1 1 2 5 7 5]

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) [0 8 0 7 7 8]

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) [1 1 0 9 8 1]

A. Primary Indemnity $ None C. Excess Indemnity $

B. Primary Defense $ 6,422.[illegible] D. Excess Defense Costs $

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

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

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

11) Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) [ ]

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

Defendent dismissed. Alleged error in diagnosis on consultation.

Form No. DI4-303 Prepared by [illegible]