09A001

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

PRIMARY CARRIER
Company Code [011470] (Florida Certificate of Authority Number) 84 00268

Company Name The St. Paul Insurance Companies

Policy Number 509JL2987

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

Company Name

Policy Number

Calendar Year Claim Closed [84] FCC [MM1] IAC [3]

Insured Rafael Gomez, Jr. M.D., P.A.

Address Memorial Medical Center, Jacksonville Fla. County Code [02]

(1) Speciality Emergency Medicine Code [04]

(2) Date of Incident (Month, Day, Year) [081383]

(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) [X] 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 $ C. Excess Indemnity $

B. Primary Defense $ 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

(11) Date and reason for final disposition, if no settlement or judgment:
(Month, Day, Year) [030784] Settlement did not affect this insured. No claim presented.

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

MM)1-01/80 Prepared by [signature]

12. Patient expired day after treatment of release.