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FLORIDA DEPARTMENT OF INSURANCE
FLORIDA MEDICAL PROFESSIONAL LIABILITY
INSURANCE CLAIMS REPORT

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DEPARTMENT FILE NO. _____

INSURER'S CLAIM NO. 943-L-58033

1. PRIMARY INSURER NAME: INDEMNITY INS CO OF NORTH AMERICA INSURER CODE: 0141 6 (See Tab

2. EXCESS INSURER NAME: N/A INSURER CODE: _____ (See Tab

3. INSURED'S NAME: CALLEJA, JOSE N, M.D. (Last Name, First and Middle Name)

STREET ADDRESS: 5601 N. DIXIE HIGHWAY # 404

CITY, STATE: FT LAUDERDALE FL ZIP: 33334 COUNTY CODE: 10 (See Table

4.

| | POLICY NUMBER | PER CLAIM POLICY LIMITS | AGGREGATE POLICY LIMITS |
|---|---|---|---|
| PRIMARY INSURER: | FML-555039 | $1,000,000.00 | $3,000,000.00 |
| EXCESS INSURER : | N/A | $ | $ |

5. Is the insured physician a **Foreign Medical Graduate?** If yes, enter the **country** in which primary medical educa was received: _____

__ (01) Yes
✓ (02) No

6. **PROFESSION OR BUSINESS:** (Check one)

✓ (01) Physicians & Surgeons
__ (02) Hospitals
__ (03) Podiatrists
__ (04) Other Medical Professionals
__ (05) Clinics
__ (06) Ambulatory Surgical Centers
__ (07) Other Health Care Faci

7. **SPECIALTY CODE:** 80,249 (See Table C) (Applies to physicians, surgeons, and other health care professionals. Use ISO Common Statistical Base Classification Codes.)

8. **BOARD CERTIFICATION:** (Check one)

✓ (01) In specialty coded in Item 7, above.
__ (02) In a different specialty.
__ (03) In the specialty in Item 7 and another specialty. Enter the additional specialty code here: _____ (Table
__ (04) Insured is not board certified.

9. **PLACE WHERE INJURY OCCURRED:** (Check one)

__ (01) Hospital Inpatient Facility
__ (02) Emergency Room
__ (03) Hospital Outpatient Facility
__ (04) Nursing Home
__ (05) Physician's Office
__ (06) Patient's Home
__ (07) Other Outpatient Fa il
✓ (08) Other Location
__ (09) Other Hospital/Institu

10. If Place of Injury (above) is checked as (8) Other, then provide a description of the place where the injury occurred: ON A FIELD PSYCHIATRIC OUTING

11. NAME OF INSTITUTION: N/A INSTITUTION CODE: _____ (See Tabl

12. **LOCATION OF INSTITUTIONAL INJURY:** (Check one) N/A

__ (01) Patient's Room
__ (02) Operating Suite
__ (03) Recovery Room
__ (04) Labor & Delivery Room
__ (05) Physical Therapy Dept.
__ (06) Nursery
__ (07) Critical Care Unit
__ (08) Special Procedure Room
__ (09) Radiology
__ (10) Emergency Room

FLORIDA DEPARTMENT OF INSURANCE
*FLORIDA MEDICAL PROFESSIONAL LIABILITY*
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DEPARTMENT FILE NO. _____
INSURER'S CLAIM NO. 943-L-580332

13. **DATE OF OCCURRENCE:** 8/21/86 (CLAIMS MADE D/O)

**DATE REPORTED TO INSURER:** 9/5/86

14. **INJURED PERSON'S AGE:** 33 Years (If less than one year, then enter 01)

**INJURED PERSON'S SEX:** (M) F (Circle one)

14.1 **INJURED PERSON'S NAME:**

15. FINAL DIAGNOSIS FOR WHICH TREATMENT WAS SOUGHT OR RENDERED: DEPRESSION WITH SUICIDAL IDEATION — (LEAVE BLANK) 15.

16. DESCRIBE MISDIAGNOSIS MADE, IF ANY, OF THE PATIENT'S ACTUAL CONDITION: -NONE.- — 16.

17. DESCRIBE ACTION WHICH CAUSED CLAIM TO BE MADE: PATIENT SUICIDE — 17.

18. DESCRIBE THE OPERATION, DIAGNOSTIC OR TREATMENT PROCEDURE CAUSING THE INJURY. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE PROCEDURES USED. INCLUDE METHOD OF ANESTHESIA, OR NAME OF DRUG USED FOR TREATMENT, WITH DETAIL OF ADMINISTRATION:
APPROVED PT FOR FIELD ACTIVITY + ISSUED A DAY PASS. PT COMMITTED SUICIDE WHILE ON PASS *E/O CRITICAL - PSYCHOTROPIC MED NOT TAKEN LONG ENOUGH TO HAVE AN EFFECT, & PASS SHOULD NOT HAVE BEEN ISSUED CONSIDERING PTS PRESENTING CONDITION — 18.

19. DESCRIBE THE PRINCIPAL INJURY GIVING RISE TO THE CLAIM. USE NOMENCLATURE AND/OR DESCRIPTIONS OF THE INJURY. INCLUDE TYPE OF ADVERSE EFFECT FROM DRUGS WHERE APPLICABLE:
DEATH — 19.

20. **SEVERITY OF INJURY:** (check only one -- rate most serious injury if several are involved.)

___(01) Emotional only - Fright, no physical damage.

___(02) Insignificant - Lacerations, contusions, minor scars, rash. No delay.
Temp- ___(03) Minor - - - - - Infections, misset fracture, fall in hospital. Recovery delayed.
orary ___(04) Major - - - - - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.
___(05) Minor - - - - - Loss of fingers, loss or damage to organs. Includes nondisabling injuries.

Perma- ___(06) Significant - - Deafness, loss of limb, loss of eye, loss of one kidney or lung.
nent ___(07) Major - - - - - Paraplegia, blindness, loss of two limbs, brain damage.
___(08) Grave - - - - - Quadraplegia, severe brain damage, lifelong care or fatal prognosis.
✓(09) Death

FLORIDA DEPARTMENT OF INSURANCE
FLORIDA MEDICAL PROFESSIONAL LIABILITY
INSURANCE CLAIMS REPORT

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INSURER'S CLAIM NO. 943-1
580332

21. DATE OF SUIT, IF ANY: __/__/__ NONE

22. LIST OTHER DEFENDANTS INVOLVED IN THIS CLAIM, THE INSURER'S NUMBER AND THE COMPANION CLAIM FILE ID NUMBER:

| DEFENDANT'S NAME (Last Name, First Name) | INSURER CODE NO. | INSURER FILE ID |
|---|---|---|
| 1) IMPERIAL POINT HOSP | SELFINSD | — |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |

23. WAS PLAINTIFF REPRESENTED BY AN ATTORNEY? (Check one)
✓(01) Yes ___(02) No

24. DATE OF FINAL CLAIM DISPOSITION: 2/26/87

25. FINAL METHOD OF CLAIM DISPOSITION:
✓(01) Settled by parties.
___(02) Disposed of by a court.
___(03) Disposed of by arbitration.

26. SETTLEMENT: (Check one)
✓(01) Within the presuit period as set forth in Section 768.57, Florida Statute (usually within 90 days).
___(02) After arbitration is initiated or prior to suit being filed.
___(03) Within 90 days of suit being filed.
___(04) More than 90 days after suit is filed and prior to or during the course of mandatory settlement confe
___(05) Prior to completion of the swearing of the jury.
___(06) Prior to filing of the notice of appeal.
___(07) After notice of appeal is filed or post-judgment relief or action is required for recovery.
___(08) During appeal.
___(09) After appeal.
___(10) Claim or suit abandoned.

27. COURT: (Check one)
✓(01) No court proceedings.
___(02) Directed verdict for plaintiff.
___(03) Directed verdict for defendant.
___(04) Judgment notwithstanding the verdict for the plaintiff.
___(05) Judgment notwithstanding the verdict for the defendant.
___(06) Judgment for the plaintiff.
___(07) Judgment for the defendant.
___(08) Judgment for the plaintiff after ap
___(09) Judgment for the defendant after ap
___(10) Other.
___(11) Summary judgment for the plaintiff.
___(12) Summary judgment for the defendant.

28. ARBITRATION: (Check one)
✓(01) Claim not subject to arbitration.
___(02) Claim subject to arbitration, but previously coded disposition reached in lieu of award.
___(03) Award for plaintiff.
___(04) Award for defendant.

29. WAS THERE AN ITEMIZED VERDICT UNDER FLORIDA STATUTE 768.48? (Check one)
___(01) Yes ✓(02) No (If yes, please attach copy of settlement or verdict.)

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30. INDEMNITY PAID BY YOU ON BEHALF OF THIS DEFENDANT: - - - - - - - - - - - - - - - - - - - - - - $ 1,000,000.00

31. INDEMNITY PAID BY EXCESS CARRIER ON BEHALF OF THIS DEFENDANT: - - - - - - - - - - - - - - - - $ N/A .00

32. LOSS ADJUSTMENT EXPENSE PAID TO DEFENSE COUNSEL: ANTICIPATED PYT. . . . ? $ 3500 .00

33. ALL OTHER LOSS ADJUSTMENT EXPENSE PAID: - - - - - - - - - - - - - - - - - - - - - - - - - - $ 1798 .00

34. NUMBER OF DAYS OF INJURED PERSON'S WAGE LOSS PAID TO DATE: - - - - - - - - - - - - - - - - - - — d.

35. ESTIMATED NUMBER OF FUTURE DAYS OF INJURED PERSON'S WAGE LOSS: - - - - - - - - - - - - - - - 30YRS d.

36. INJURED PERSON'S GROSS WEEKLY INCOME: - - - - - - - - - - - - - - - - - - - - - - - - - - - - $ _____ .

37. INJURED PERSON'S TOTAL ECONOMIC LOSS:

| | MEDICAL | WAGE LOSS | OTHER EXPENSES |
|---|---|---|---|
| A) INCURRED TO DATE | $ 5,000.00 | $ 60,000.00 | $ ~~20,000~~ 5000 .00 * ONMAX IN EXCESS |
| B) ESTIMATED FUTURE | $ 40,000 .00 wife-psychiatric exp | $ 900,000.00 | $ 10,000.00 OF POLIC LIMI |

38. AMOUNT PAID FOR INJURED PERSON'S NON-ECONOMIC LOSS: - - - - - - - - - - - - - - - - - - - - $ 250,000

39. IF A STRUCTURED SETTLEMENT OR PERIODIC PAYMENTS USED IN THIS CLAIM:

A) PRESENT VALUE OF PERIODIC PAYMENTS - - - - - - - - - - - - - - - - - - - - - - - - - - $ SAME

B) COST TO THE INSURER OF THE PAYMENTS - - - - - - - - - - - - - - - - - - - - - - - - - - $ 365035

C) TOTAL EXPECTED PAYMENT TO PLAINTIFF - - - - - - - - - - - - - - - - - - - - - - - - - - $ 3,346,000

D) DID YOU PURCHASE AN ANNUITY? ✓ (01) Yes ___ (02) No

40. BRIEFLY DESCRIBE THE STRUCTURED SETTLEMENT INCLUDING HOW IT IS FINANCED: FINANCED THROUGH A LIFE CARRIER * SEE ATTACHED

41. SAFETY MANAGEMENT STEPS TAKEN BY INSURED TO MAKE SIMILAR OCCURRENCES LESS LIKELY: MORE CAREFULL OBSERVATION

CONTACT PERSON: CMONGELLUZZO ADDRESS CIGNA PO BOX 30359
TELEPHONE: (813) 888-1400 TAMPA, FL 33630

# SCHEDULE OF PAYMENTS

ANNUITANT: D/O/B 09-07-86

**COLLEGE EXPENSES :**

**$1,000** per month for four (4) years. Commencing September 07, 2004 thru August 07, 2008

**COLLEGE FUND :**

| | |
|---|---|
| September 07, 2004 | $ 20,000 |
| September 07, 2005 | $ 20,000 |
| September 07, 2006 | $ 20,000 |
| September 07, 2007 | $ 20,000 |
| September 07, 2007 | $ 50,000 |

**DEFERRED LIFTIME PAYMENTS:**

**$2,000** per month for life/20 cc Commencing September 07, 2008

**LUMP SUM PAYMENTS:**

| | |
|---|---|
| January 25, 2009 | $ 50,000 |
| January 25, 2011 | $ 50,000 |
| January 25, 2014 | $ 50,000 |
| January 25, 2016 | $ 50,000 |
| January 25, 2019 | $ 75,000 |
| January 25, 2021 | $ 75,000 |
| January 25, 2024 | $ 75,000 |
| January 25, 2026 | $ 75,000 |
| January 25, 2029 | $ 100,000 |
| January 25, 2031 | $ 100,000 |
| January 25, 2034 | $ 100,000 |
| January 25, 2036 | $ 100,000 |
| January 25, 2039 | $ 225,000 |
| January 25, 2041 | $ 225,000 |
| January 25, 2044 | $ 225,000 |
| January 25, 2046 | $ 225,000 |



**PAYABLE** **VIDUALLY.**

| | |
|---|---|
| Annuitant | |
| Contract Number | AA536647 |
| Contract Date | FEBRUARY 4, 1987 |
| Premium | $1.00 and other valuable consideration |
| Date of Birth | DECEMBER 19, 1952 |
| Sex | FEMALE |

Schedule of Benefits

| Amount | Due Dates |
|---|---|
| $500.00 | On MARCH 1, 1987 and on the 1st day of each following month until 210 payments have been made. |
| $50,000.00 | JANUARY 25, 1997 |
| $75,000.00 | JANUARY 25, 2002 |
| $100,000.00 | JANUARY 25, 2007 |
| $285,000.00 | JANUARY 25, 2012 |
| $2,000.00 | On MARCH 1, 2005 and on the 1st day of each following month until 240 payments have been made. |
| $2,000.00 | On MARCH 1, 2025 and on the 1st day of each following month as long as the annuitant is alive. |