

<b>Department File Number :</b>	<b>M200850218</b>
<b>Claim Number :</b>	<b>1001245</b>
<b>Date Submitted :</b>	<b>3/5/2009</b>

<b>Insurer Information</b>			
<b>Insurer Name</b>		<b>Coverage Type</b>	
FLORIDA MEDICAL MALPRACTICE JUA		Primary	
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
59-1625412			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	SUSAN		SPIELMAN
<b>Street Address</b>			
5814 Reed Street			
<b>City</b>		<b>State</b>	<b>Zip</b>
Fort Wayne		IN	46835
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(260) 486 - 0340		(260) 486 - 0782	SUSAN.SPIELMAN@MEDPRO.COM

<b>Insured Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	E	M	GUTMAN
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	711 W Colonial Drive		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Orlando	FL	32804	Orange
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
FL003320	\$250,000		\$750,000
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>		<b>Certification Number</b>
ME9198	Physiatry - Including Child		

<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury</b>

		<b>Occurred</b>
	M	Seminole
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>	<b>Other location where injury occurred</b>	
Physician's Office		
<b>Name of Institution</b>	<b>Code</b>	
<b>Location of Institutional Injury</b>	<b>Other Location of Institutional Injury</b>	
<b>Date of Occurrence</b>	<b>Date Reported to Insurer</b>	
3/31/2004	9/23/2007	

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Back pain relating to motorcycle accident injuries
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Pain- killing medications
Diagnostic Code :
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
Failure to manage pain meds, prescribing excessive amounts of medication
<b>Principal Injury Giving Rise To The Claim</b>
Death on 10/12/2005
<b>Severity Of Injury</b>
Permanent: Death.

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
	*NR
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
*NR	7/9/2008
<b>Other Defendants Involved in this Claim</b>	
Ballentine MD, Ralph E Gutman Pain/Accident Center Inc	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
Within the pre-suit period as set forth in 766.106 (more than 90 days before suit is filed).	
<b>Final Method of Claim Disposition</b>	
Settled by parties	
<b>Court Decision</b>	<b>Other</b>

No Court Proceedings.
<b>Arbitration</b>
Claim not subject to Arbitration.
<b>Date of Payment</b>
6/19/2008

<b>Financial Information</b>	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$195,000
Loss Adjust Expense Paid to Defense Counsel	\$10,954
All Other Loss Adjustment Expense Paid	\$2,537
Injured Person's Total Non-Economic Loss	\$155,000
Deductible	\$0
<b>Injured Person's Total Economic Loss</b>	
	<u>Incurred to Date</u> <u>Anticipated</u>
Medical Expense	\$0                              \$0
Wage Loss	\$0                              \$0
Other Expenses	\$0                              \$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>	
N/A	

<b>Updates</b>			
<input type="checkbox"/>			
<b>Date of Change:</b>	3/5/2009 3:08:45 PM		
<b>Reason for Change:</b>	ALE Update		
	<b>Field Changed</b>	<b>Former Value</b>	<b>New Value</b>
	All Other Loss Adjustment Expense Paid	2481	2537
	Amount of Loss Adjustment Expense Paid to Defense Counsel	9501	10954