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TRI-STATE INSURANCE COMPANY

Annual report of Malpractice claims during the calendar year  
January 1, 1979 to December 31, 1979, pursuant to  
Chapters 458 and 459, Florida Statutes:

1. NAME AND ADDRESS OF INSURED: Dr. Stephen Harris  
401 Coral Way  
Coral Gables, Florida 33134

2. SPECIALTY: Psychiatry

3. POLICY NO.: APA/AST 4047/7374

4. DATE OF CLAIM: March - May, 1971

5. DATE OF SUIT: 5/78

6. DATE AND AMOUNT PAID:

Date: 2/79 Amount: \$ NIL Expense \$ 1,877.00

Judgment  Settlement  Closed-No Payment  Reason:  
Medical Mediation Panel exonerated Assured.

7. DESCRIPTION OF OCCURRENCE:

Alleged improper treatment