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TRI-STATE INSURANCE COMPANY

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ACTUARIAL

Annual report of Malpractice claims during the calendar year
January 1, 1975 to December 31, 1975, pursuant to
Chapters 458 and 459, Florida Statutes:

1. NAME AND ADDRESS OF INSURED: LUIS R. PEREZ, M.D.
3130 S.W. 95th Court
Miami, Florida

2. SPECIALTY: PSYCHIATRIST

3. POLICY NO.: PPL/T4360

4. DATE OF CLAIM: 6/19/75

5. DATE OF SUIT: N/A

6. DATE AND AMOUNT PAID:
Date: 11/75 Amount: \$ NIL. Expense \$ 160.56

Judgment Settlement Closed-No Payment Reason:

7. DESCRIPTION OF OCCURRENCE:

Alleged refusal to treat and/or refusal to properly admit patient for
mental evaluation and workup.