

COMMERCIAL UNION ASSURANCE COMPANIES  
801 Riverside Ave.  
Jacksonville, Florida 32204

75 00934

Primary Carrier Employers Fire Insurance Co. File # OBIX2-5709

Policy Number FX283972

Excess Carrier Unknown

Policy Number Unknown

Insured Dr. J.L. Wilder

Address 1220 Lucrene Terrace, Orlando, Fla.

Specialty Psychiatry

Date of incident 10/12/72

Date of Suit 12/27/74

Disposition of incident:

Date 5/16/75

Settlement \$20,000

Defense Cost \$3,594.99

Summary Judgement No

Directed Verdict No

Let out by the jury No

Reason for final disposition, if no settlement.

Summary of occurrence which created claim.  
Insured had claimant under care for psychiatric difficulties.  
Claimant was given Florinal capsules and alleges that he developed  
a chronic brain syndrome as a result of over medication.

JPK:pj