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TRI-STATE INSURANCE COMPANY

Annual report of Malpractice claims during the calendar year
January 1, 1976 to December 31, 1976, pursuant to
Chapters 458 and 459, Florida Statutes:

1. NAME AND ADDRESS OF INSURED: DR. MYRON SILVERMAN
4600 North Habana
Tampa, Florida

2. SPECIALTY: PSYCHIATRY

3. POLICY NO.: PPL/T 4247

4. DATE OF CLAIM: 7/11/75

5. DATE OF SUIT:

6. DATE AND AMOUNT PAID:

Date: 10/76 Amount: \$ NIL Expense \$ 606.63

Judgment Settlement Closed-No Payment Reason:

7. DESCRIPTION OF OCCURRENCE: ATTORNEY THREATENING SUIT