

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: Wilfred C. Jorge, M.D.  
 187 Lake Morton Drive  
 Lakeland, Florida

2. SPECIALTY: PSYCHIATRY

3. POLICY NO.: PPL/T5005

4. DATE OF CLAIM: 1/18/76

5. DATE OF SUIT: N/A

6. DATE AND AMOUNT PAID:

Date: 6/76 Amount: \$ N/A Expense \$ 951.70

Judgment  Settlement  Closed-No Payment  Reason:

7. DESCRIPTION OF OCCURRENCE:

ALLEGED IMPROPER PRESCRIBING OF MEDICATION