

TRI-STATE INSURANCE COMPANY

771185

Annual report of Malpractice claims during the calendar year
January 1, 1977 to December 31, 1977, pursuant to
Chapters 458 and 459, Florida Statutes:

1. NAME AND ADDRESS OF INSURED: Jose Calleja, M.D.
4701 No. Federal Highway
Fort Lauderdale, Fla.

2. SPECIALTY: PSYCHIATRY

3. POLICY NO.: PPL/T 4528SPC

4. DATE OF CLAIM: 9/30/75

5. DATE OF SUIT: N/A

6. DATE AND AMOUNT PAID:

Date: 3/77 Amount: \$ NIL Expense \$ 1,867.97

Judgment Settlement Closed-No Payment Reason:

Medical Mediation Panel found in favor of Doctor

7. DESCRIPTION OF OCCURRENCE:

Alleged wrongful death