

TRI-STATE INSURANCE COMPANY

771187

Annual report of Malpractice claims during the calendar year
January 1, 1978 to December 31, 1978, pursuant to
Chapters 458 and 459, Florida Statutes:

1. NAME AND ADDRESS OF INSURED: Harvey Liebeskind, M.D.
633 N.E. 167th Street
Miami, Florida

2. SPECIALTY: PSYCHIATRY

3. POLICY NO.: PPL/T 4304SPC

4. DATE OF CLAIM: 7/14/75

5. DATE OF SUIT: N/A

6. DATE AND AMOUNT PAID:

Date: Jan. 1978 Amount: \$ NIL Expense \$ 3,692.63

Judgment Settlement Closed-No Payment Reason:

Plaintiff voluntarily dismissed proceeding prior to Medical Mediation Panel meeting.

7. DESCRIPTION OF OCCURRENCE:

Alleged adverse reaction to Electro-convulsive Therapy.