## TRI-STATE INSURANCE COMPANY

77 1188

Expense \$ 3,444.83

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Annual report of Malpractice cla	ims during the calendar year
January I, 197 <u>7</u> to December 31	, 197 <u>7</u> , pursuant to
Chapters 458 and 459, Florida St	atutes:
I. NAME AND ADDRESS OF INSURED:	Dr. Atilio Carra 6205 Yorkshire Court Tampa, Florida
2. SPECIALTY: PSYCHIATRY	
3. POLICY NO.: PPL/T 4404	
4. DATE OF CLAIM: April, 1975	
5. DATE OF SUIT: April, 1976	
6. DATE AND AMOUNT PAID:	
OF DUIT WAD WAGGIT LYID!	•

Date: 1/77 Amount: \$

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Judgment 🗀	Settlement		Closed-No	Payment	$\boxtimes$	Reason:
	Voluntary	dismis	sal			

NTL

7- DESCRIPTION OF OCCURRENCE:

Alleged improper treatment