

FLORIDA DEPARTMENT OF INSURANCE
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

83 02539

FILE#

996 L 1216 88-6

PRIMARY CARRIER

Company Code 01420 (Florida Certificate of Authority Number)

CIGNA
2300 Maitland
Center Park
Suite 200

Company Name INSURANCE CO. OF NORTH AMERICA

P.O. Box 5001

Maitland, FL

Policy Number FML 550022

32751-0115

EXCESS CARRIER

Company Code [][][][] (Florida Certificate of Authority Number)

Company Name

Policy Number

83

Calendar Year Claim Closed 84 FCC MM1 IAC 3

Insured ROBERT JAMES MACMURRAY, M.D.

Address 106 BOSTON AVE., ALTA MONTE SPRINGS, FL.

County Code

07

(1) Speciality GENERAL PRACTICE Code 06

32701

(2) Date of Incident (Month, Day, Year) 08/18/83

(3) Date submitted for mediation (Month, Day, Year) [][][][][][]

(4) Disposition of mediation (check one):

(1) Plaintiff (2) Defendant (3) No final conclusion

(5) Date of suit, if filed (Month, Day, Year) [][][][][][]

(6) Disposition of incident (check one):

(1) Final Judgment (2) Settlement

(3) Final Disposition Not Resulting in Payment on Behalf of the Insured

(7) Date and amount of Judgment or Settlement (Month, Day, Year) [][][][][][]

A. Primary Indemnity \$ 0 C. Excess Indemnity \$

B. Primary Defense \$ 0 D. Excess Defense Costs \$

(8) Summary Judgment (1) For Plaintiff (2) For Defendant

(9) Directed Verdict (1) For Plaintiff (2) For Defendant

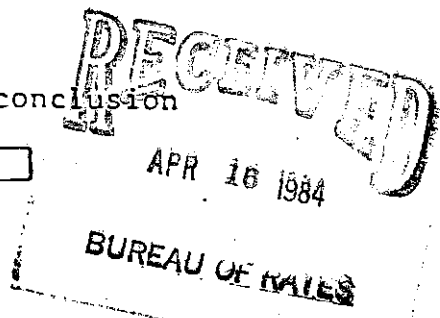
(10) Trial (1) YES (2) NO

(11) Date and reason for final disposition, if no settlement or judgment:

(Month, Day, Year) 03/02/84 Claim never pursued

By Attorney

(12) Include brief summary of occurrence which created claim on back.



Clament was a Chronic Alcoholic. Suffered
of brain tumor about a year ago
Insured concluded his treatment.