

<b>Department File Number :</b>	<b>M200848429</b>
<b>Claim Number :</b>	<b>00-0252</b>
<b>Date Submitted :</b>	<b>2/1/2008</b>

<b>Insurer Information</b>			
<b>Insurer Name</b>		<b>Coverage Type</b>	
CLARENDON NATIONAL INSURANCE COMPANY Primary			
<b>Insurer FEIN</b>	<b>Professional License Number</b>		
52-0266645			
<b>Insurer Contact Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Nancy	J	Thomas
<b>Street Address</b>			
9821 Katy Freeway			
<b>City</b>		<b>State</b>	<b>Zip</b>
Houston		TX	77024
<b>Phone</b>	<b>Ext</b>	<b>Fax</b>	<b>E-Mail Address</b>
(713) 935 - 8868		(713) 461 - 8130	nancy_thomas@ajg.com

<b>Insured Information</b>			
<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Individual	Stephen		Kahn
<b>Insurer Type</b>	<b>Street Address of Practice</b>		
Licensed	12000 Biscayne Blvd. suite 205		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
Miami	FL	33181	Dade
<b>Policy Number</b>	<b>Per Claim Policy Limits</b>		<b>Aggregate Policy Limits</b>
CMP0008466	\$500,000		\$1,500,000
<b>Profession or Business</b>		<b>Other Profession or Business</b>	
Medical Doctor			
<b>License Number</b>	<b>Specialty Code &amp; Classification</b>		<b>Certification Number</b>
ME33597	Psychiatry - All Other		

<b>Injured Person Information</b>			
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Street Address</b>		<b>Gender</b>	<b>County where Injury Occurred</b>
		F	Dade
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Location where injury occurred</b>		<b>Other location where injury occurred</b>	
Physician's Office			
<b>Name of Institution</b>		<b>Code</b>	

<b>Location of Institutional Injury</b>	<b>Other Location of Institutional Injury</b>
<b>Date of Occurrence</b>	<b>Date Reported to Insurer</b>
12/15/1999	1/3/2002

<b>Diagnostic Information</b>
<b>Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition</b>
Psychiatric treatment
<b>Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury</b>
Alleged contraindication of medication combination
Diagnostic Code :
<b>Misdiagnosis Made, If Any, Of Patient's Actual Condition</b>
Medication combination
<b>Principal Injury Giving Rise To The Claim</b>
Death
<b>Severity Of Injury</b>
Permanent: Death.

<b>Legal Information</b>	
<b>Date of Suit</b>	<b>Circuit Court Case Number</b>
6/27/2002	02-15947 CA 25
<b>County Suit Filed in</b>	<b>Date of Final Disposition</b>
Dade	1/31/2008
<b>Other Defendants Involved in this Claim</b>	
<b>Stage of Legal System at which Settlement was Reached or Award Made</b>	
More than 90 days, after suit filed and prior to or during the course of mandatory settlement conference.	
<b>Final Method of Claim Disposition</b>	
Disposed of by Court	
<b>Court Decision</b>	<b>Other</b>
Other	DISMISSED WITHOUT PREJUDICE
<b>Arbitration</b>	
Claim not subject to Arbitration.	
<b>Date of Payment</b>	

<b>Financial Information</b>	
Was there a settlement Resulting in payment to the Plaintiff?	No
Indemnity Paid by Insurer on behalf of Insured	\$0
Loss Adjust Expense Paid to Defense Counsel	\$55,972

All Other Loss Adjustment Expense Paid		\$17,865
Injured Person's Total Non-Economic Loss		\$0
Deductible		\$0
<b>Injured Person's Total Economic Loss</b>		
	<b>Incurred to Date</b>	<b>Anticipated</b>
Medical Expense	\$0	\$0
Wage Loss	\$0	\$0
Other Expenses	\$0	\$0
<b>Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely</b>		
Not applicable. Dismissed		

<b>Updates</b>
No updates found.