

Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialty	Claim Type	Status	Litigated	Indemnity Paid	ALAE Paid	Total Case Reserves
	0380855	6/28/2018	6/28/2019	8/4/2017	2/13/2019	2/15/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Broken femur bone (spiral fracture)											
	0380856	6/28/2018	6/28/2019	2/6/2019	2/13/2019	2/15/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Lumbar Strain											
	0382156	6/28/2018	6/28/2019	1/1/2019	3/18/2019	6/28/2019	TX	ENTITY	Allocated	Closed	No	\$20,000.00	\$694.00	\$0.00
	Insured Name:		Austin Radiological Association, Inc					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Lung cancer											
	0383126	6/28/2018	6/28/2019	1/1/2018	4/9/2019	6/20/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$2,340.50	\$0.00
	Insured Name:		Dr. David J Feldman MD					Facility:						
	Patient Name:		*** Confidential ***											
	Injury Description:		Emotional distress											