



Policy: 1245441 Account: Austin Radiological Association, Inc

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
0374072	6/28/2018	6/28/2019	6/27/2018	8/29/2018	8/29/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Undetermined														
0374110	6/28/2018	6/28/2019	4/19/2016	8/29/2018	10/30/2018	TX	ENTITY	Allocated	Closed	Yes	\$0.00	\$5,388.06	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Neurological Deficits														
0374126	6/28/2018	6/28/2019	8/3/2010	8/29/2018	8/30/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Dr. Murali Ranjithan MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: Unknown Injury														
0374127	6/28/2018	6/28/2019	1/1/2008	8/29/2018	8/30/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Unknown Injury														

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
0375161	6/28/2018	6/28/2019	9/24/2018	9/25/2018	8/22/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$1,817.60	\$0.00	
Insured Name: Dr. David R Leake MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: MediGuard														
0375162	6/28/2018	6/28/2019	9/24/2018	9/25/2018	8/22/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$2,201.00	\$0.00	
Insured Name: Dr. Connie I Hsu MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: MediGuard														
0375486	6/28/2018	6/28/2019	1/30/2018	10/2/2018	11/1/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$2,290.50	\$0.00	
Insured Name: Dr. Mark A Auler MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: Unknown														
0377210	6/28/2018	6/28/2019	11/5/2018	11/9/2018	3/8/2019	TX	ENTITY	Allocated	Closed	No	\$0.00	\$165.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Emotional Distress														

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
0377273	6/28/2018	6/28/2019	11/2/2018	11/12/2018	8/22/2019	TX	DIA04	Unallocated	Closed	No	\$0.00	\$2,450.00	\$0.00	
Insured Name: Dr. Alan E Evans MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: MediGuard														
0377684	6/28/2018	6/28/2019	8/30/2017	11/19/2018	11/26/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Ring Apophysis														
0378689	6/28/2018	6/28/2019	4/19/2018	12/18/2018	2/28/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$1,783.00	\$0.00	
Insured Name: Dr. Justin S Simonds MD Facility: Dell Seton Medical Center At The University Of Texas														
Patient Name: *** Confidential ***														
Injury Description: Unknown														
0378693	6/28/2018	6/28/2019	4/18/2018	12/18/2018	2/28/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$1,783.00	\$0.00	
Insured Name: Dr. Rajeev Shah MD Facility: Dell Seton Medical Center At The University Of Texas														
Patient Name: *** Confidential ***														
Injury Description: Unknown														

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														

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
0383129	6/28/2018	6/28/2019	1/1/2018	4/9/2019	4/10/2019	TX	DIA04	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Dr. John Ritter MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: Emotional distress														
0384270	6/28/2018	6/28/2019	3/20/2019	5/6/2019	9/26/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Aspirated														
0384657	6/28/2018	6/28/2019	11/27/2018	5/15/2019	7/15/2020	TX	ENTITY	Allocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Delayed diagnosis of breast cancer														
0384739	6/28/2018	6/28/2019	1/1/2018	5/16/2019	9/19/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$165.00	\$0.00	
Insured Name: Dr. Russell Putnam MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: Unknown														

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
0385155	6/28/2018	6/28/2019	8/1/2017	5/29/2019	10/11/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$1,759.03	\$0.00	
Insured Name: Dr. Nabeel Farhataz MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: Unknown														
0385207	6/28/2018	6/28/2019	5/19/2018	5/30/2019	5/30/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Altered gait														
0385717	6/28/2018	6/28/2019	6/3/2019	6/12/2019	6/19/2019	TX	DIA05	Unallocated	Open	No	\$0.00	\$3,005.00	\$1,995.00	
Insured Name: Dr. Murali Ranjithan MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: MediGuard														
0385924	6/28/2018	6/28/2019	5/18/2019	6/17/2019	6/17/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Dr. Murali Ranjithan MD Facility: Westlake Medical Center														
Patient Name: *** Confidential ***														
Injury Description: Loss of fallopian tube														

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0385929	6/28/2018	6/28/2019	5/18/2019	6/17/2019	6/17/2019	6/17/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Loss of fallopian tube														
0386001	6/28/2018	6/28/2019	4/28/2019	6/18/2019	6/18/2019	6/18/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
Insured Name: Austin Radiological Association, Inc Facility: North Austin Medical Center														
Patient Name: *** Confidential ***														
Injury Description: large mass														
0386158	6/28/2018	6/28/2019	6/11/2019	6/21/2019	6/21/2019	6/21/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Choking/aspiration														
0386180	6/28/2018	6/28/2019	7/25/2017	6/21/2019	6/24/2019	TX	DIA05	Allocated	Open	Yes		\$0.00	\$22,710.44	\$102,289.56
Insured Name: Dr. David Shaw MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: Spinal cord injury causing decreased mobility/pain														

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0386184	6/28/2018	6/28/2019	7/25/2017	6/21/2019	6/24/2019	TX	ENTITY	Allocated	Open	Yes	\$0.00	\$22,710.48	\$52,289.52	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Spinal cord injury causing decreased mobility/pain														
0386284	6/28/2018	6/28/2019	6/10/2019	6/25/2019	6/25/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: unknown														
0386291	6/28/2018	6/28/2019	6/10/2019	6/25/2019	7/16/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$792.00	\$0.00	
Insured Name: Dr. Rajeev Shah MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: unknown														
0386324	6/28/2018	6/28/2019	6/24/2019	6/26/2019	6/27/2019	TX	DIA05	Unallocated	Open	No	\$0.00	\$1,748.00	\$3,252.00	
Insured Name: Dr. Robert I Lieberman MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: MediGuard														

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	0390813	6/28/2018	6/28/2019	1/15/2019	10/10/2019	11/14/2019	TX	DIA04	Unallocated	Open	No	\$0.00	\$4,326.40	\$673.60
Insured Name: Dr. Rohit Khanna MD														
Patient Name: *** Confidential ***														
Injury Description: MediGaurd														
No Claim		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name: Dr. Aditi A Desai MD														
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name: Dr. Amy Salinas MD														
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name: Dr. Andrea W Michel MD														
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name: Dr. Anthony K Hasselbach MD														
Patient Name: *** Confidential ***														
Injury Description:														

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		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Anthony Trevino MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Arthy Saravanan MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Ashkan Shademan MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Binh Truong MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Bradley A Brenner MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														



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Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Charles E Johnson MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Charles Wiseman MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Chris M Butschek MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Christopher Swanson MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Daniel G Bloom MD								Facility:					
Patient Name:	*** Confidential ***													



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Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Darrin R Morris MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Elizabeth A Moorehead MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Eugene Tong MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. F. Michael Pfeifer MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00



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	Insured Name:	Dr. Frank A Chia MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Gael J Lonergan MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Gary L Wood MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Gene E Beisert MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Ghulam Thaver MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													

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		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Giovanni G Millare MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Gregory F Connor MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Ian Baronofsky MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. James E Dimaala MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. James P Willis MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												



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		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Jarrod D Dale MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Jason C Naples MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Jeffrey P Wood MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Jody J Hooten MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John G Williams MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														



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Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John M Barkley MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John R Leahy MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Krishna Surapaneni MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Loren G Longenecker MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Marcus L Lines MD								Facility:					
Patient Name:	*** Confidential ***													



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Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mark G Poag MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mary Winsett MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Matthew F Murray MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Megan E Bouchareb MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00



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
	Insured Name:	Dr. Michael D Aronoff MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Michael T Harper MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Mike S Nguyen MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Nimisha D Khanna MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Patricia H Gallagher MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													

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
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Randal L Aschenbeck MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Robert M Milman MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Ronald L Hoelscher MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Ryan M Durel MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Sandeep Shah MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												



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
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Sarah S Avery MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Saurabh Guleria MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Shameem Azizad MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Shree K Subedi MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Simon Trubek MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														

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
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Stanislav I Spiridonov MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Stephen A Agatston MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Stephen B Price MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Vivek C Yagnik MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. William J Banks MD								Facility:					
Patient Name:	*** Confidential ***													

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
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Yvonne Queralt MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Andrew Reifsnyder MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Anthony M Masaryk MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Bhairav Patel MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00



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
	Insured Name:	Dr. Booth W Aldred MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Christopher Richards MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Dan Richardson MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. David Goldblatt MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. David Quintana MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													

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
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Debra Pennington MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Gordon Witwer MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Greg C Karnaze MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Hillel Ben-Avi MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Ian D McLoughlin MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												

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
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Jaime H Contreras MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Jason R Wallace MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Jeffrey Sheneman MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. J Neal Rutledge MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Joe B Baker IV MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														

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
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Joel Ornelas MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John A Williamson MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John E Manning MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John R Mireur MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John W Kish MD								Facility:					
Patient Name:	*** Confidential ***													



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
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Jonathan A Kini MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Joshua G Abramowitz MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Kent E Ibanez MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Lawrence Conrad MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00



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
	Insured Name:	Dr. Mark L McLellan MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Marouane Bouchareb MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Michael A Jaimes MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Michael G Gunlock MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2018	6/28/2019					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Michael P Nguyen MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													



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
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Michal Klysik MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Newell E Dutton MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Rainer Poley MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Ravi J Jhaveri MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Rodney Schmidt MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												



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
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Ryan W Vancura MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Saman M Hassibi MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Seth D O'Brien MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Stephen Pan MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Sue S Chen MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														



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
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Tariq M Alam MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. William Rodriguez MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Gabrielle R Theriault MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2018	6/28/2019				TX	PRDIEM	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Intern Residents								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
											2018 Total	\$20,000.00	\$86,575.51	\$164,562.68



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2017	0359236	6/28/2017	6/28/2018	8/1/2017	8/9/2017	7/26/2018	TX	ENTITY	Allocated	Closed	No	\$25,000.00	\$5,451.61	\$0.00
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Chemical burn to left eye, face & hair														
0360171		6/28/2017	6/28/2018	8/24/2017	8/30/2017	9/6/2017	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$2,953.00	\$0.00
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Unknown														
0360567		6/28/2017	6/28/2018	9/15/2016	9/13/2017	6/28/2018	TX	DIA04	Allocated	Closed	No	\$20,000.00	\$896.49	\$0.00
Insured Name: Dr. William J Banks MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: Abdominal pain and emotional distress														
0360916		6/28/2017	6/28/2018	5/10/2017	9/26/2017	12/19/2017	TX	ENTITY	Allocated	Closed	No	\$0.00	\$49.50	\$0.00
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Emotional Distress														

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
0361018	6/28/2017	6/28/2018	11/15/2015	9/27/2017	6/13/2018	TX	ENTITY	Allocated		Closed	Yes	\$0.00	\$29,847.59	\$0.00
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Death														
0363261	6/28/2017	6/28/2018	11/18/2015	11/27/2017	6/13/2018	TX	DIA05	Allocated		Closed	Yes	\$0.00	\$21,871.80	\$0.00
Insured Name: Dr. Tariq M Alam MD Facility: Sweet Vida Medical Center														
Patient Name: *** Confidential ***														
Injury Description: Death														
0364204	6/28/2017	6/28/2018	12/7/2017	12/21/2017	1/9/2018	TX	DIA04	Unallocated		Closed	No	\$0.00	\$1,568.00	\$0.00
Insured Name: Dr. Eugene Tong MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: MediGuard														
0364270	6/28/2017	6/28/2018	12/23/2015	12/21/2017	1/4/2018	TX	ENTITY	Allocated		Open	Yes	\$0.00	\$109,916.37	\$130,083.63
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Death - bowel obstruction														

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
0364728	6/28/2017	6/28/2018	1/2/2018	1/9/2018	2/5/2018	TX	DIA04	Unallocated	Closed	No	\$0.00	\$1,318.00	\$0.00	
Insured Name: Dr. Sarah S Avery MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: MediGuard														
0364813	6/28/2017	6/28/2018	1/4/2018	1/10/2018	2/5/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$2,099.00	\$0.00	
Insured Name: Dr. Jeffrey Sheneman MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: MediGuard														
0364908	6/28/2017	6/28/2018	11/6/2017	1/11/2018	1/12/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Hand bruising														
0365788	6/28/2017	6/28/2018	1/3/2018	2/2/2018	2/7/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Unknown														

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
0365794	6/28/2017	6/28/2018	5/20/2016	2/2/2018	10/28/2019	TX	DIA04	Allocated	Closed	Yes	\$0.00	\$143,968.11	\$0.00	
Insured Name: Dr. John G Williams MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: Chronic pain syndrome														
0366488	6/28/2017	6/28/2018	2/14/2018	2/21/2018	3/23/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$1,460.00	\$0.00	
Insured Name: Dr. David Quintana MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: Mediguard														
0366570	6/28/2017	6/28/2018	5/20/2016	2/23/2018	10/28/2019	TX	ENTITY	Allocated	Closed	Yes	\$0.00	\$71,593.26	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Chronic pain syndrome														
0366865	6/28/2017	6/28/2018	1/20/2018	3/2/2018	3/2/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Dr. Michal Klysik MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: stroke														

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
0366867	6/28/2017	6/28/2018	1/20/2018	3/2/2018	3/2/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: stroke														
0367470	6/28/2017	6/28/2018	3/6/2018	3/19/2018	5/17/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$2,439.00	\$0.00	
Insured Name: Dr. David Shaw MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: MediGuard														
0368156	6/28/2017	6/28/2018	4/2/2018	4/5/2018	6/11/2019	TX	ENTITY	Allocated	Closed	No	\$0.00	\$182.50	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Fractured left hip														
0368190	6/28/2017	6/28/2018	6/17/2017	4/5/2018	12/18/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$110.00	\$0.00	
Insured Name: Dr. Saman M Hassibi MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: cervical trauma														

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
0368191	6/28/2017	6/28/2018	6/17/2017	4/5/2018	9/7/2018	TX	DIA04	Unallocated	Closed	No	\$0.00	\$110.00	\$0.00	
Insured Name: Dr. Ian Baronofsky MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: cervical trauma														
0368192	6/28/2017	6/28/2018	6/17/2017	4/5/2018	9/7/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$110.00	\$0.00	
Insured Name: Dr. Tariq M Alam MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: cervical trauma														
0368549	6/28/2017	6/28/2018	3/20/2018	4/16/2018	6/18/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$40.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Emotional Distress														
0368802	6/28/2017	6/28/2018	1/16/2016	4/20/2018	5/23/2018	TX	ENTITY	Allocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Mast Cell Activation Syndrome														

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
0369929	6/28/2017	6/28/2018	10/5/2016	5/17/2018	4/16/2019	TX	DIA05	Allocated	Closed	Yes	\$0.00	\$6,580.96	\$0.00	
Insured Name:	Dr. Stephen Pan MD								Facility: Ascension Seton Medical Center Austin					
Patient Name:	*** Confidential ***													
Injury Description:	Scarring and additional surgery													
0369930	6/28/2017	6/28/2018	10/5/2016	5/17/2018	4/16/2019	TX	ENTITY	Allocated	Closed	Yes	\$0.00	\$6,581.01	\$0.00	
Insured Name:	Austin Radiological Association, Inc							Facility: Ascension Seton Medical Center Austin						
Patient Name:	*** Confidential ***													
Injury Description:	Scarring and additional surgery													
0370786	6/28/2017	6/28/2018	6/19/2016	6/7/2018	1/10/2019	TX	DIA05	Allocated	Closed	Yes	\$0.00	\$7,333.63	\$0.00	
Insured Name:	Dr. David Shaw MD							Facility: Seton Medical Center Round Rock						
Patient Name:	*** Confidential ***													
Injury Description:	Death													
0370790	6/28/2017	6/28/2018	6/19/2016	6/7/2018	12/26/2018	TX	DIA04	Allocated	Closed	No	\$0.00	\$4,615.98	\$0.00	
Insured Name:	Dr. F. Michael Pfeifer MD							Facility: Seton Medical Center Round Rock						
Patient Name:	*** Confidential ***													
Injury Description:	Death													

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
0370800		6/28/2017	6/28/2018	6/19/2016	6/7/2018	1/10/2019	TX	ENTITY	Allocated	Closed	Yes	\$0.00	\$4,738.32	\$0.00
Insured Name: Austin Radiological Association, Inc Facility: Seton Medical Center Round Rock														
Patient Name: *** Confidential ***														
Injury Description: Death														
No Claim		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name: Dr. Amy Salinas MD Facility:														
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name: Dr. Andrea W Michel MD Facility:														
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name: Dr. Anthony Trevino MD Facility:														
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name: Dr. Arthy Saravanan MD Facility:														
Patient Name: *** Confidential ***														
Injury Description:														



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
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Ashkan Shademan MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Binh Truong MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Bradley A Brenner MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Charles E Johnson MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Charles Wiseman MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														



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
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Chris M Butschek MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Christopher Swanson MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Daniel G Bloom MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Elizabeth A Moorehead MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Frank A Chia MD								Facility:					
Patient Name:	*** Confidential ***													



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
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Gael J Lonergan MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Gene E Beisert MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Ghulam Thaver MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Gregory F Connor MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00



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
	Insured Name:	Dr. James P Willis MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Jarrod D Dale MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Jason C Naples MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Jeffrey P Wood MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Jody J Hooten MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													

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
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. John M Barkley MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. John Ritter MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. John R Leahy MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Kelli Y Ha MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Loren G Longenecker MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												

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
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Marcus L Lines MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mark G Poag MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mark Poag MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mary Winsett MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Matthew F Murray MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														

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
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Megan E Bouchareb MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Michael D Aronoff MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Michael T Harper MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mike S Nguyen MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Nimisha D Khanna MD								Facility:					
Patient Name:	*** Confidential ***													



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
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Patricia H Gallagher MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Randal L Aschenbeck MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Robert M Milman MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Rohit Khanna MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00



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
	Insured Name:	Dr. Ronald L Hoelscher MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Sandeep Shah MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Saurabh Guleria MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Shameem Azizad MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Shree K Subedi MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													

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
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Simon Trubek MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Stanislav I Spiridonov MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Stephen A Agatston MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Stephen B Price MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Yvonne Queralt MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												



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
		6/28/2017	6/28/2018				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:		Ifeanyichukwu C Onyeachole MD			Facility:									
Patient Name:		*** Confidential ***												
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:		Dr. Andrew Reifsnyder MD			Facility:									
Patient Name:		*** Confidential ***												
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:		Dr. Anthony M Masaryk MD			Facility:									
Patient Name:		*** Confidential ***												
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:		Dr. Bhairav Patel MD			Facility:									
Patient Name:		*** Confidential ***												
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:		Dr. Booth W Aldred MD			Facility:									
Patient Name:		*** Confidential ***												

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
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Christopher Richards MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Connie I Hsu MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Cosette M Stahl DO								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Dan Richardson MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. David Goldblatt MD								Facility:					
Patient Name:	*** Confidential ***													



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
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. David J Feldman MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. David R Leake MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Debra Pennington MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Gabrielle Theriault MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00



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
	Insured Name:	Dr. Giovanni J Passanante MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Gordon Witwer MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Greg C Karnaze MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Hillel Ben-Avi MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Ian D McLoughlin MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													

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
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Jason R Wallace MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. J Neal Rutledge MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Joe B Baker IV MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Joel Ornelas MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. John A Williamson MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												



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
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John E Manning MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John Manning MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John R Mireur MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John W Kish MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Jonathan A Kini MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														



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
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Joshua G Abramowitz MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Justin S Simonds MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Kent E Ibanez MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Lawrence Conrad MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Lori L Barr MD								Facility:					
Patient Name:	*** Confidential ***													



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
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mark A Auler MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mark L McLellan MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Marouane Bouchareb MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Michael A Jaimes MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00



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
	Insured Name:	Dr. Michael G Gunlock MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Michael P Nguyen MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Murali Ranjithan MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Nabeel Farhataziz MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2017	6/28/2018					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Newell E Dutton MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													

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
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Rainer Poley MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Rajeev Shah MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Ravi J Jhaveri MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Robert I Lieberman MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Rodney Schmidt MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												



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
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Russell Putnam MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Ryan W Vancura MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Seth D O'Brien MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Shaheen M Hussaini MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Sue S Chen MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														

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	
Injury Description:															
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00	
Insured Name:	Dr. William Rodriguez MD								Facility:						
Patient Name:	*** Confidential ***														
Injury Description:															
		6/28/2017	6/28/2018				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00	
Insured Name:	Gabrielle R Theriault MD								Facility:						
Patient Name:	*** Confidential ***														
Injury Description:															
		6/28/2017	6/28/2018				TX	PRDIEM	N/A	N/A		\$0.00	\$0.00	\$0.00	
Insured Name:	Intern Residents								Facility:						
Patient Name:	*** Confidential ***														
Injury Description:															
												2017 Total	\$45,000.00	\$425,834.13	\$130,083.63

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
2016	0344487	6/28/2016	6/28/2017	6/10/2014	7/6/2016	7/26/2018	TX	DIA05	Allocated	Closed	Yes	\$0.00	\$74,954.52	\$0.00
		Insured Name:	Dr. Bhairav Patel MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:	Addl surgery, scarring, pain & emotional distress											
	0344636	6/28/2016	6/28/2017	3/3/2016	7/11/2016	10/3/2016	TX	ENTITY	Allocated	Closed	No	\$0.00	\$23.26	\$0.00
		Insured Name:	Austin Radiological Association, Inc					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:	Pain in right arm											
	0345214	6/28/2016	6/28/2017	7/19/2016	7/26/2016	8/29/2016	TX	DIA04	Unallocated	Closed	No	\$0.00	\$6,713.90	\$0.00
		Insured Name:	Dr. Stephen A Agatston MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:	TMB File #16-7015											
	0345222	6/28/2016	6/28/2017	7/20/2016	7/26/2016	8/12/2016	TX	DIA04	Unallocated	Closed	No	\$0.00	\$2,050.00	\$0.00
		Insured Name:	Ifeanyichukwu C Onyeacholem MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:	TMB File #16-7085											

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
0345481	6/28/2016	6/28/2017	4/5/2016	8/1/2016	1/25/2017	TX	ENTITY	Allocated	Closed	No	\$80,000.00	\$2,796.10	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Injury to left retina after a left superior orbital block														
0346413	6/28/2016	6/28/2017	12/23/2013	8/19/2016	9/15/2016	TX	DIA05	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Dr. David Goldblatt MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: Diminished life expectancy														
0346475	6/28/2016	6/28/2017	8/9/2016	8/22/2016	10/13/2016	TX	DIA05	Unallocated	Closed	No	\$0.00	\$1,187.25	\$0.00	
Insured Name: Dr. Ravi J Jhaveri MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: TMB File #16-7482														
0348751	6/28/2016	6/28/2017	4/14/2016	10/21/2016	4/26/2018	TX	ENTITY	Allocated	Closed	No	\$0.00	\$821.33	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Prolonged foot pain														

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
0349661	6/28/2016	6/28/2017	10/28/2016	11/17/2016	3/8/2019	TX	ENTITY	Allocated	Closed	No	\$23,858.08	\$6,407.73	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Nerve damage in bladder area														
0350322	6/28/2016	6/28/2017	12/7/2016	12/9/2016	1/4/2017	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Seizure														
0350410	6/28/2016	6/28/2017	12/7/2016	12/12/2016	10/25/2017	TX	DIA04	Allocated	Closed	Yes	\$0.00	\$3,097.94	\$0.00	
Insured Name: Dr. Kelli Y Ha MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: laceration on tongue														
0351264	6/28/2016	6/28/2017	9/15/2016	1/11/2017	2/7/2017	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: unnecessary surgery														



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
0352422	6/28/2016	6/28/2017	2/10/2017	2/13/2017	11/16/2017	TX	DIA05	Unallocated	Closed	No	\$0.00	\$4,988.20	\$0.00	
Insured Name: Dr. Ravi J Jhaveri MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: MediGuard														
0355172	6/28/2016	6/28/2017	4/20/2017	4/21/2017	5/12/2017	TX	DIA04	Unallocated	Closed	No	\$0.00	\$798.50	\$0.00	
Insured Name: Dr. Kelli Y Ha MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: MediGuard														
0356944	6/28/2016	6/28/2017	6/7/2017	6/8/2017	10/11/2017	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$1,072.50	\$0.00	
Insured Name: Austin Radiological Association, Inc Facility:														
Patient Name: *** Confidential ***														
Injury Description: Pain and weakness in arm														
0357511	6/28/2016	6/28/2017	6/21/2017	6/23/2017	3/5/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$3,147.25	\$0.00	
Insured Name: Dr. Lori L Barr MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: MediGuard														

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
0364268		6/28/2016	6/28/2017	12/23/2015	12/21/2017	1/4/2018	TX	DIA04	Allocated	Open	Yes	\$0.00	\$122,957.57	\$127,042.43
Insured Name: Dr. John S Hogg MD Facility:														
Patient Name: *** Confidential ***														
Injury Description: Death - bowel obstruction														
No Claim		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name: Dr. Amy Salinas MD Facility:														
Patient Name: *** Confidential ***														
Injury Description:														
6/28/2016 6/28/2017 TX DIA04 N/A N/A \$0.00 \$0.00 \$0.00														
Insured Name: Dr. Andrea W Michel MD Facility:														
Patient Name: *** Confidential ***														
Injury Description:														
6/28/2016 6/28/2017 TX DIA04 N/A N/A \$0.00 \$0.00 \$0.00														
Insured Name: Dr. Anthony Trevino MD Facility:														
Patient Name: *** Confidential ***														
Injury Description:														
6/28/2016 6/28/2017 TX DIA04 N/A N/A \$0.00 \$0.00 \$0.00														
Insured Name: Dr. Binh Truong MD Facility:														
Patient Name: *** Confidential ***														
Injury Description:														

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
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Bradley A Brenner MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Charles E Johnson MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Charles Wiseman MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Chris M Butschek MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Christopher Swanson MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														



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
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Daniel G Bloom MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Elizabeth A Moorehead MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Eugene Tong MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. F. Michael Pfeifer MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Frank A Chia MD								Facility:					
Patient Name:	*** Confidential ***													



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
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Gael J Lonergan MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Gene E Beisert MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Ghulam Thaver MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Gina M Constantine MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00



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
	Insured Name:	Dr. Gregory F Connor MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Ian Baronofsky MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Ifeanyichukwu Onyeachole MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. James P Willis MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. James Toby MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													

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
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Jarrod D Dale MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Jason C Naples MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Jody J Hooten MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. John G Williams MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. John M Barkley MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												

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
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John Ritter MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. John R Leahy MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Marcus L Lines MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mark G Poag MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mark Poag MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														

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
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mary Winsett MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Matthew F Murray MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Megan E Bouchareb MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Michael D Aronoff MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Michael T Harper MD								Facility:					
Patient Name:	*** Confidential ***													

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
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mike S Nguyen MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Patricia H Gallagher MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Randal L Aschenbeck MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Robert M Milman MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00



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
	Insured Name:	Dr. Ronald L Hoelscher MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Sandeep Shah MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Sarah S Avery MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Saurabh Guleria MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Shameem Azizad MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													

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
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Simon Trubek MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Stephen B Price MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. William J Banks MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Yvonne Queralt MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Andrew Reifsnyder MD						Facility:					
		Patient Name:	*** Confidential ***											
		Injury Description:												

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
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Anthony M Masaryk MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Christopher Richards MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Connie I Hsu MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Dan Richardson MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. David J Feldman MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														

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
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. David Quintana MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. David R Leake MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. David Shaw MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Debra Pennington MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Gabrielle Theriault MD								Facility:					
Patient Name:	*** Confidential ***													



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
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Gordon Witwer MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Greg C Karnaze MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Hillel Ben-Avi MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Ian D McLoughlin MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00



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
	Insured Name:	Dr. Jeffrey Sheneman MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. J Neal Rutledge MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Joel Ornelas MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. John A Williamson MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. John E Manning MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													

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
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. John Manning MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. John R Mireur MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. John W Kish MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Jonathan A Kini MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Joshua G Abramowitz MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												

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
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Justin S Simonds MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Kent E Ibanez MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Lawrence Conrad MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mark A Auler MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mark B Gray MD							Facility:						
Patient Name:	*** Confidential ***													
Injury Description:														



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
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Mark L McLellan MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Marouane Bouchareb MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Michael A Jaimes MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Michael G Gunlock MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Michael P Nguyen MD								Facility:					
Patient Name:	*** Confidential ***													



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
Patient Name: *** Confidential ***														
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Murali Ranjithan MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Nabeel Farhataziz MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Newell E Dutton MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:	Dr. Nitasha G Klar MD								Facility:					
Patient Name:	*** Confidential ***													
Injury Description:														
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00



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
	Insured Name:	Dr. Rainer Poley MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Rajeev Shah MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Robert I Lieberman MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Rodney Schmidt MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													
	6/28/2016	6/28/2017					TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name:	Dr. Russell Putnam MD							Facility:					
	Patient Name:	*** Confidential ***												
	Injury Description:													

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
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Saman M Hassibi MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Shaheen M Hussaini MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Stephen Pan MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. Tariq M Alam MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
		Insured Name:	Dr. William Rodriguez MD					Facility:						
		Patient Name:	*** Confidential ***											
		Injury Description:												



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
		6/28/2016	6/28/2017				TX	DIA05	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:		Gabrielle R Theriault MD						Facility:						
Patient Name:		*** Confidential ***												
Injury Description:														
		6/28/2016	6/28/2017				TX	FGP01	N/A	N/A		\$0.00	\$0.00	\$0.00
Insured Name:		Auxiliary Physician Header						Facility:						
Patient Name:		*** Confidential ***												
Injury Description:														
2016 Total												\$103,858.08	\$231,016.05	\$127,042.43
Grand Total												\$168,858.08	\$743,425.69	\$421,688.74