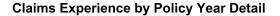




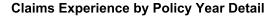
Policy: 1245441 Account: Austin Radiological Association, Inc

Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialt y	Claim Type	Status	Litig ated	Indemnity Paid	ALAE Paid	Total Case Reserves
2018	0372065	6/28/2018	6/28/2019	6/28/2018	7/10/2018	7/8/2020	TX	DIA05	Unallocated	Closed	No	\$0.00	\$4,377.50	\$0.00
	Insured Nam	e: I	Dr. Shaheen N	/I Hussaini MI	)		F	acility:						
	Patient Name	e: '	** Confidentia	ıl ***										
	Injury Descri	ption: [	Jnknown											
	0373039	6/28/2018	6/28/2019	7/25/2018	8/2/2018	8/8/2018	TX	DIA05	Unallocated	Open	No	\$0.00	\$3,937.00	\$4,063.00
	Insured Nam	e: I	Or. Cosette M	Stahl DO			F	acility:						
	Patient Name	e: '	** Confidentia	ıl ***										
	Injury Descri	ption: <sub>[</sub>	MediGuard											
	0373516	6/28/2018	6/28/2019	1/1/2015	8/15/2018	10/24/2018	TX	DIA05	Unallocated	Closed	No	\$0.00	\$132.00	\$0.00
	Insured Nam	e: I	Or. Lori L Barr	MD			F	acility:						
	Patient Name	e: '	** Confidentia	ıl ***										
	Injury Descri	ption: լ	Jnknown											
	0374070	6/28/2018	6/28/2019	4/5/2018	8/29/2018	8/29/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Nam	e:	Austin Radiolo	gical Associa	tion, Inc		F	acility: North	n Austin Medical (	Center				
	Patient Name	e: '	** Confidentia	ıl ***										
	Injury Descri	ption:	Breast cancer											



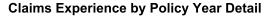


Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialt y	Claim Type	Status	Litig ated	Indemnity Paid	ALAE Paid	Total Case Reserves
	0374072	6/28/2018	6/28/2019	6/27/2018	8/29/2018	8/29/2018	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Name	e: A	ustin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	e: **	** Confidentia	***										
	Injury Descrip	otion: L	Indetermined											
	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	e: A	ustin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	e: **	** Confidentia	***										
	Injury Descrip	otion: N	leurological D	eficits										
	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	e: C	r. Murali Ran	jithan MD			F	acility:						
	Patient Name	ə: * <sup>*</sup>	** Confidentia	***										
	Injury Descrip	otion: L	Jnknown Injur	y										
	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	e: A	ustin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	e: **	** Confidentia	***										
	Injury Descrip	otion:	Jnknown Injur	y										





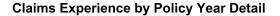
Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialt y	Claim Type	Status	Litig ated	Indemnity Paid	ALAE Paid	Total Case Reserves
	0375161	6/28/2018	6/28/2019	9/24/2018	9/25/2018	8/22/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$1,817.60	\$0.00
	Insured Nam	e: D	r. David R Le	ake MD			F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	otion: N	lediGuard											
	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 Nam	e: D	r. Connie I H	su MD			F	acility:						
	Patient Name	e: **	** Confidentia	***										
	Injury Descri	otion: N	lediGuard											
	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 Nam	e: D	r. Mark A Aul	er MD			F	acility:						
	Patient Name	e: * <sup>*</sup>	** Confidentia	***										
	Injury Descri	otion: L	Inknown											
	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 Nam	e: A	ustin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	ə: * <sup>*</sup>	** Confidentia	***										
	Injury Descrip	otion: E	motional Dist	ress										





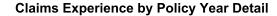
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Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialt y	Claim Type	Status	Litig ated	Indemnity Paid	ALAE Paid	Total Case Reserves
	0377273	6/28/2018	6/28/2019	11/2/2018	11/12/2018	8/22/2019	TX	DIA04	Unallocated	Closed	No	\$0.00	\$2,450.00	\$0.00
	Insured Name	e: D	r. Alan E Evai	ns MD			F	acility:						
	Patient Name	):     **	* Confidential	***										
	Injury Descrip	otion: N	lediGuard											
	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		ustin Radiolog			11/20/2010		acility:	Orianocated	010304	140	ψο.σσ	ψ0.00	ψ0.00
					ion, mc		,	acility.						
	Patient Name		* Confidential											
	Injury Descrip	otion: R	ing Apophysis	3										
	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	e: D	r. Justin S Sir	nonds MD				acility: Dell S	Seton Medical Cen y Of Texas	ter At				
	Patient Name	e: **	* Confidential	***										
	Injury Descrip	otion: U	nknown											
	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	e: D	r. Rajeev Sha	h MD				Facility: Dell S	Seton Medical Cen y Of Texas	ter At				
	Patient Name	e: **	* Confidential	***										
	Injury Descrip	otion: U	nknown											



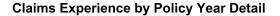


Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialt y	Claim Type	Status	Litig ated	Indemnity Paid	ALAE Paid	Total Case Reserves
	0380855	6/28/2018	6/28/2019	8/4/2017	2/13/2019	2/15/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Nam	ne: A	Austin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	ption: E	Broken femur b	oone (spiral fr	acture)									
	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 Nam	ne: A	Austin Radiolog	gical Associa	tion, Inc		F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	ption: L	umbar 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 Nam	ne: A	Austin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	ption: L	ung 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 Nam	ne: [	Dr. David J Fel	dman MD			F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	ption: E	Emotional distr	ess										



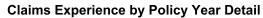


Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialt y	Claim Type	Status	Litig ated	Indemnity Paid	ALAE Paid	Total Case Reserves
	0383129	6/28/2018	6/28/2019	1/1/2018	4/9/2019	4/10/2019	TX	DIA04	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Nam	e: [	Dr. John Ritter	MD			F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	ption: E	Emotional distr	ess										
	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 Nam	e: A	Austin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	ption:	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 Nam	e: A	Austin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	ption: [	Delayed diagno	osis 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 Nam	e: [	r. Russell Put	tnam MD			F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	ption: լ	Jnknown											





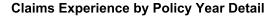
Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialt y	Claim Type	Status	Litig ated	Indemnity Paid	ALAE Paid	Total Case Reserves
	0385155	6/28/2018	6/28/2019	8/1/2017	5/29/2019	10/11/2019	TX	DIA05	Unallocated	Closed	No	\$0.00	\$1,759.03	\$0.00
	Insured Name	e: [	r. Nabeel Far	hataziz MD			F	acility:						
	Patient Name	»: *	** Confidentia	***										
	Injury Descrip	otion: (	Jnknown											
	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	e: <i>F</i>	ustin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	»:     *	** Confidentia	***										
	Injury Descrip	otion:	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	e: [	r. Murali Ranj	ithan MD			F	acility:						
	Patient Name	):     *	** Confidentia	***										
	Injury Descrip	otion:	/lediGuard											
	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	e: [	or. Murali Ranj	ithan MD			F	acility: West	lake Medical Cent	er				
	Patient Name	):     *	** Confidentia	***										
	Injury Descrip	otion: L	oss of fallopia	n tube										





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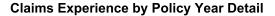
Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialt y	Claim Type	Status	Litig ated	Indemnity Paid	ALAE Paid	Total Case Reserves
	0385929	6/28/2018	6/28/2019	5/18/2019	6/17/2019	6/17/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Nam	e: A	ustin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descrip	otion: L	oss of fallopia	an tube										
	0386001	6/28/2018	6/28/2019	4/28/2019	6/18/2019	6/18/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Nam	e: A	ustin Radiolo	gical Associa	tion, Inc		F	acility: North	Austin Medical C	enter				
	Patient Name	e: *	** Confidentia	***										
	Injury Descrip	otion: la	arge mass											
	0386158	6/28/2018	6/28/2019	6/11/2019	6/21/2019	6/21/2019	TX	ENTITY	Unallocated	Closed	No	\$0.00	\$0.00	\$0.00
	Insured Nam	e: A	ustin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descrip	otion: C	choking/aspira	ation										
	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 Nam	e: C	r. David Shav	w MD			F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descrip	otion: s	pinal cord inju	ury causing d	ecreased mo	bility/pain								





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Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialt y	Claim Type	Status	Litig ated	Indemnity Paid	ALAE Paid	Total Case Reserves
	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 Nam	e: A	Austin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	ption: s	Spinal cord inju	ury causing d	ecreased mo	bility/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 Nam	e: A	Austin Radiolo	gical Associa	tion, Inc		F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	ption: L	ınknown											
	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 Nam	e: [	Dr. Rajeev Sha	ah MD			F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	ption: L	ınknown											
	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 Nam	e: [	Dr. Robert I Lie	eberman MD			F	acility:						
	Patient Name	e: *	** Confidentia	***										
	Injury Descri	ption:	/lediGuard											





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Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialt y	Claim Type	Status	Litig ated	Indemnity Paid	ALAE Paid	Total Case Reserves
	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	e: C	r. Rohit Khan	ına MD				Facility:						
	Patient Name	):     *	** Confidentia	***										
	Injury Descrip	otion: N	MediGaurd											
	No Claim	6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name	e: C	Dr. Aditi A Des	sai MD				Facility:						
	Patient Name	»: *·	** Confidentia	***										
	Injury Descrip	otion:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name	e: C	r. Amy Salina	as MD				Facility:						
	Patient Name	e: *·	** Confidentia	***										
	Injury Descrip	otion:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name	e: C	or. Andrea W	Michel MD				Facility:						
	Patient Name	e: **	** Confidentia	***										
	Injury Descrip	otion:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Name	e: C	r. Anthony K	Hasselbach I	MD			Facility:						

Patient Name:
Injury Description:

\*\*\* Confidential \*\*\*

11/13/2020



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**Data Current As Of:** 

Policy Year	Claim	Policy Eff Date	Policy Exp Date	Incident Date	Report Date	Status Date	Rate State	Specialt y	Claim Type	Status	Litig ated	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 Nam	ne: [	Dr. Anthony Ti	revino MD			i	Facility:						
	Patient Nam	e: *	** Confidentia	ıl ***										
	Injury Descri	ption:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Nam	ne: [	Dr. Arthy Sara	vanan MD			ı	Facility:						
	Patient Nam		** Confidentia					·						
	Injury Descri													
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Nam	ne: [	Dr. Ashkan Sh	ademan MD			ı	Facility:						
	Patient Nam	e: *	** Confidentia	ıl ***										
	Injury Descri	ption:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Nam	ne: [	Dr. Binh Truor	ıg MD			ı	Facility:						
	Patient Nam	e: *	** Confidentia	ı  ***										
	Injury Descri	ption:												
		6/28/2018	6/28/2019				TX	DIA04	N/A	N/A		\$0.00	\$0.00	\$0.00
	Insured Nam	ne: [	Dr. Bradley A	Brenner MD			ı	Facility:						
	Patient Nam	e: *	** Confidentia	ıl ***										

