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Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number: M200538301

Claim Number: TRA-NLA-30908-HR

Date Submitted: 11/15/2005

Insurer Information

Insurer Name Coverage Type

AIG SPECIALTY INSURANCE COMPANY Primary

Insurer FEIN Professional License Number

02-0309086

Insurer Contact Information

TypeFirst NameMILast NameIndividualNancyThomas

Street Address

2000 West Sam Houston Parkway South, 19th Floor; One Briarlake Plaza

City State Zip

Houston TX 77042-361

Phone Ext Fax E-Mail Address

(713) 935 - 8868 (713) 461 - 8130 nancy_thomas@ajg.com

Insured Information

TypeFirst NameMILast NameIndividualHarveyRoth

Insurer TypeStreet Address of PracticeLicensed20423 State Road 7 F6-199

CityStateZip CodeCountyBoca RatonFL33498Palm Beach

Policy Number Per Claim Policy Limits Aggregate Policy Limits

4762445 \$300,000 \$300,000

Profession or Business Other Profession or Business

Medical Doctor

License Number Specialty Code & Classification Certification Number

ME64837 Surgery - Obstetrics - Gynecology

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Injured Person Information First Name MI Last Name **Date of Birth Street Address** Gender **County where Injury Occurred** M Broward City Zip Code State Location where injury occured Other location where injury occured Hospital Inpatient Facility Name of Institution Code NORTH BROWARD MEDICAL CENTER 100086 **Location of Institutional Injury** Other Location of Institutional Injury Labor and Delivery Room Date of Occurrence **Date Reported to Insurer** 5/26/1999 7/14/1999

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition

Fetal Distress

Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury

Alleged failure to recognize fetal distress and failure to perform emergent delivery

Diagnostic Code:

Misdiagnosis Made, If Any, Of Patient's Actual Condition

Child birth related

Principal Injury Giving Rise To The Claim

Alleged severe neurological injury to infant.

Severity Of Injury

Temporary: Major - Burns, surgical material left, drug side effect, brain damage. Recovery delayed.

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Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Legal Information

Date of Suit Circuit Court Case Number

*NR

County Suit Filed in Date of Final Disposition

*NR 11/14/2005

Other Defendants Involved in this Claim

Tomback, M.D., Mark

Saver, Karen

SunLife OB/GYn Services

PhyAmerica Physician Group of Florida

Scott Medical Group

Broward General Medical Center

Stage of Legal System at which Settlement was Reached or Award Made

After court verdict and prior to filing of notice of appeal.

Final Method of Claim Disposition

No Payment Made

Court Decision Other

Directed verdict for defendant.

Arbitration

Claim not subject to Arbitration.

Date of Payment

Financial Inforn	ation

Was there a settlement Resulting in payment to the Plaintiff?

Indemnity Paid by Insurer on behalf of Insured

Loss Adjust Expense Paid to Defense Counsel

All Other Loss Adjustment Expense Paid

Injured Person's Total Non-Economic Loss

Stopeductible

Injured Person's Total Economic Loss

 Incurred to Date
 Anticipated

 Medical Expense
 \$0
 \$0

 Wage Loss
 \$0
 \$0

 Other Expenses
 \$0
 \$0

Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely

Defense verdict

Updates

No updates found.