

~~(6) the insurer willfully fails to provide the Commissioner with required information about medical malpractice insurance issued by the insurer in this State or any other state;~~

~~(7) the issuance or renewal of a certificate of authority is contrary to the public interest;~~

~~(8) the Commissioner finds that the principal management personnel of the insurer is:~~

~~(i) untrustworthy or not of good character; or~~

~~(ii) so lacking in insurer managerial experience as to make the proposed operation hazardous to the insurance buying public or to the insurer's stockholders; or~~

~~(9) the Commissioner has good reason to believe that the insurer is affiliated, directly or indirectly, through ownership, control, management, reinsurance transactions, or other insurance or business relations with a person whose business operations are or have been marked by the manipulation of assets, accounts, or reinsurance or by bad faith, to the detriment of insureds, stockholders, or creditors.~~

4-401.

(a) This section applies to:

(1) each insurer that provides professional liability insurance to:

(i) a physician, nurse, dentist, podiatrist, optometrist, or chiropractor licensed under the Health Occupations Article; or

(ii) a hospital licensed under the Health - General Article; and

(2) each self-insured hospital.

(b) An entity subject to this section shall report quarterly any claim or action for damages for personal injury if the claim or action:

(1) is claimed to have been caused by an error, omission, or negligence in the performance of the insured's professional services or is based on a claimed performance of the insured's professional services without consent; and

(2) resulted in:

(i) a final judgment in any amount;

(ii) a settlement in any amount; or

(iii) a final disposition that does not result in payment on behalf of the insured.

(c) A report required under this section shall contain THE INFORMATION REQUIRED UNDER § 4-405 (B) OF THIS SUBTITLE[.]: