

(ii) if required by an act of the General Assembly, the nonprofit health service plan shall be subject to] THE COMMISSIONER SHALL ISSUE AN ORDER REQUIRING THE NONPROFIT HEALTH SERVICE PLAN TO PAY the premium tax under Title 6, Subtitle 1 of this article:

(1) FOR A PERIOD OF TIME BEGINNING WITH THE DATE THE PLAN WAS DETERMINED TO BE OUT OF COMPLIANCE WITH § 14-106 OF THIS SUBTITLE; AND

(2) IN AN AMOUNT EQUAL TO THE AMOUNT BY WHICH THE VALUE OF THE NONPROFIT HEALTH SERVICE PLAN'S PREMIUM TAX EXEMPTION UNDER § 6-101(B) OF THIS ARTICLE EXCEEDS THE SUM OF:

(I) THE SUBSIDY REQUIRED UNDER THE SENIOR PRESCRIPTION DRUG PROGRAM ESTABLISHED UNDER SUBTITLE 5, PART II OF THIS TITLE; AND

(II) OTHER FUNDS USED BY THE NONPROFIT HEALTH SERVICE PLAN TO MEET THE PUBLIC SERVICE REQUIREMENT UNDER § 14-106 OF THIS SUBTITLE.

(c) A nonprofit health service plan that fails to timely file the report required under § 14-106 of this subtitle shall pay the penalties under § 14-121 of this subtitle.

(d) A party aggrieved by an order of the Commissioner issued under this section has a right to a hearing in accordance with §§ 2-210 through 2-215 of this article.

(E) PREMIUM TAX REVENUE COLLECTED BY THE ADMINISTRATION AS THE RESULT OF AN ORDER ISSUED UNDER SUBSECTION (B) OF THIS SECTION SHALL BE DEPOSITED INTO THE MARYLAND HEALTH INSURANCE PLAN FUND ESTABLISHED UNDER § 14-504 OF THIS TITLE.

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An applicant for a certificate of authority shall:

(1) file with the Commissioner an application on the form that the Commissioner provides containing the information that the Commissioner considers necessary;

(2) pay to the Commissioner the applicable fee required by § 2-112 of this article; and

(3) file with the Commissioner copies of the following documents, certified by at least two of the executive officers of the corporation:

(i) articles of incorporation, INCLUDING THE APPLICANT'S CORPORATE MISSION STATEMENT, with all amendments;

(ii) bylaws with all amendments;

(iii) each contract executed or proposed to be executed by the corporation and a health care provider, embodying the terms under which health care services are to be furnished to subscribers to the plan;