

Article - Health - General

19-706.

(WW) THE REQUIREMENTS OF TITLE 27, SUBTITLE 4 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

Article - Insurance

2-110.

(a) [As early in each fiscal year as is reasonably possible] NO LATER THAN DECEMBER 31 OF EACH YEAR, the Commissioner shall prepare an annual report about the previous fiscal year that includes:

(1) a list of the authorized insurers transacting insurance business in the State, with any summary of their financial statements that the Commissioner considers appropriate;

(2) the name of each insurer whose business was closed during the year, the cause of the closure, and the amount of assets and liabilities of the insurer that is ascertainable;

(3) the name of each insurer against whom delinquency or similar proceedings were initiated, a concise statement of facts about each delinquency or similar proceeding, and the status of each proceeding;

(4) a list of the rulings and decisions made in cases before the Administration during the year;

(5) a statement of all fees, taxes, and administrative fines and penalties received by the Commissioner and deposited into the General Fund of the State;

(6) the ratio of complaints filed during the calendar year against each insurer for each major line of insurance written by the insurer and a summary of the resolution of the complaints;

(7) recommendations of the Commissioner about changes in the laws affecting insurance and about matters affecting the Administration; ~~and~~

(8) INFORMATION ABOUT THE OPERATION OF THE FRAUD DIVISION, INCLUDING:

(I) THE NUMBER OF COMPLAINTS RECEIVED THAT RELATE TO INSURANCE FRAUD, THE NATURE OF THE COMPLAINTS, AND THE RESOLUTION OF THE COMPLAINTS;

(II) THE NUMBER OF COMPLAINTS AND CASES REFERRED TO A STATE'S ATTORNEY AND THE RESOLUTION OF THE COMPLAINTS OR CASES;

(III) THE NUMBER OF COMPLAINTS AND CASES REFERRED TO THE OFFICE OF THE ATTORNEY GENERAL AND THE RESOLUTION OF THE COMPLAINTS OR CASES;