- (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;
 - (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;
- (iii) the number of complaints and cases referred to the Office of the Attorney General and the resolution of the complaints or cases;
 - (iv) the number of calls made to the insurance fraud hot line;
- (v) the number of complaints received from persons regulated by the Commissioner;
- $\frac{(\text{VI})}{\text{COMPENSATION COMMISSION UNDER § 9-310.2 OF THE LABOR AND EMPLOYMENT}}{\text{ARTICLE AND THE RESOLUTION OF THE CASES;}}$
- [(vii)](VIII) the number and percentage of cases that result in the imposition of civil or criminal penalties;
- (9) a list of all staff positions, classifications, and salaries in the Administration as of the end of the preceding calendar year; and
- (10) any other relevant information that the Commissioner considers proper.

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- (a) In this subtitle the following words have the meanings indicated.
- (b) "Fraud Division" means the Insurance Fraud Division in the Administration.