



**State of Maryland
OFFICE OF THE ATTORNEY GENERAL**

ANNUAL REPORT OF THE PEOPLE'S INSURANCE COUNSEL DIVISION

Fiscal Year 2013

Submitted to the Governor and General Assembly

I. INTRODUCTION

The People's Insurance Counsel Division in the Office of the Attorney General (hereinafter referred to as the "Division") submits this annual report as required by the Maryland General Assembly.¹ On or before January 1 of each year, the Division reports on the activities in the Division for the prior fiscal year. This report covers the time period from July 1, 2012 through June 30, 2013.

A. Statutory Basis and Funding

The Division was created in 2005 with the enactment of the Maryland Patients' Access to Quality Health Care Act of 2004 (hereinafter referred to as "Act").² The provisions of the Act relating to the Division have been codified in Md. Code Ann., State Government Section 6-301 through 6-308.

Funding of the Division is provided through a People's Insurance Counsel Fund consisting of funds collected by the Maryland Insurance Commissioner (hereinafter referred to as the "Commissioner") through an annual assessment from each medical professional liability insurer and homeowners' insurer issuing policies in the State. The purpose of the Fund is to pay the costs and expenses of the Division in carrying out its duties.³

B. Statutory Duties

The duties of the Division include evaluation of each medical professional liability insurance and homeowners' insurance matter pending before the Commissioner to determine whether the interests of insurance consumers are affected.⁴ The Division also reviews any rate increase of 10% or more filed with the Commissioner by a medical professional liability insurer or homeowners' insurer. If the Division determines that a rate increase is adverse to the interests of consumers, its representative shall appear before the Commissioner at any hearing on the rate

¹ Md. Code Ann., State Government § 6-308.

² The Act was introduced as an emergency measure as House Bill 2 in a 2004 Special Session of the Maryland General Assembly convened on December 28, 2004. The Bill passed and was enacted in 2005 over the Governor's veto with an effective date of January 11, 2005. The Act was amended in 2005, effective March 31, 2005, by another emergency measure, House Bill 836.

³ Md. Code Ann., State Government §§ 6-304 and 6-305. Because the duties of the Division only involve two types of insurance, homeowners insurance and medical professional liability insurance, the insurers who are assessed for the Fund are limited to the insurers issuing those types of policies in Maryland.

⁴ Md. Code Ann., State Government § 6-306(a). The Act defines insurance consumers as those insured under homeowners policies or medical professional liability insurance policies.

filing. At any time, the Division may conduct investigations and request the Commissioner to initiate an action or proceeding to protect the interests of insurance consumers.⁵

In any appearance before the Commissioner or the courts, the Division has the rights of counsel for a party to the proceeding, including summoning witnesses, cross-examination of witnesses, presenting evidence and argument.⁶ The Division may also take depositions in proceedings before the Commissioner and in proceedings in court, in accordance with applicable law and procedure.

The Division “shall have full access to the Commissioner’s records,” including rate filings, and shall have the benefit of all other information of the Commissioner.⁷ The Division is entitled to the assistance of the Commissioner’s staff provided that the assistance is consistent with the staff’s responsibilities and with the respective interests of the staff and the Division.⁸

The Division may recommend legislation on matters that promote the interests of insurance consumers in Maryland.⁹

II. DIVISION STAFF AND BUDGET

In Fiscal Year 2013, the Division was staffed by the People’s Insurance Counsel, Peter K. Killough,¹⁰ an Assistant Attorney General, an analyst/investigator, and a management associate.

Three actuarial firms provided consulting services to the Division reviewing rates and other documents that were filed by insurers issuing policies in Maryland. The following consultants were selected for their expertise in property and casualty rate filings: American Actuarial Consulting Group, LLC, Kufera Consulting, Inc. and Madison Consulting Group.

⁵ The Division’s duties are described in Md. Code Ann., State Government § 6-306.

⁶ Md. Code Ann., State Government § 6-307. See page 6 for a discussion of the 2009 Decision of the Court of Appeals interpreting “the rights of counsel to a party” in *People’s Insurance Counsel Division v. Allstate Insurance Co.*, 408 Md. 336, 969 A.2d 971 (2009).

⁷ Md. Code Ann., State Government § 6-307(c). The Division’s access to information is only limited by applicable statutes in the Insurance Article and the Maryland Public Information Act, State Government Article, §§ 10-611 to 10-630.

⁸ Md. Code Ann., State Government § 6-307 (c)(2).

⁹ Md. Code Ann., State Government § 6-307(d).

¹⁰ Mr. Killough was appointed by Attorney General Douglas F. Gansler and the appointment was confirmed by the Senate on February 16, 2009, as required by Md. Code Ann., State Government § 6-302(a)(2).

III. DIVISION RESPONSIBILITIES

The Division concentrates its efforts in four areas:¹¹

- Review of consumer complaints filed with the Maryland Insurance Administration (hereinafter “MIA”) relating to homeowners insurance and medical professional liability insurance;
- Review of rate, rule and form filings in those two lines of insurance;¹²
- Review of proposed legislation and participation in the legislative process, as required, to represent consumer interests; and
- Review of “lack of good faith complaints” under Insurance Article Section 27-1001.¹³

A. Division Review of Complaint Determination Letters

After a consumer has initiated a complaint with the MIA regarding the action of an insurance company, the MIA conducts an investigation and issues a determination letter to the complainant and insurer at the completion of its investigation. The Division reviews all complaint determination letters to identify new issues and to assess the existence of patterns of insurer conduct contrary to the insurance laws. The complaints primarily relate to the cancellation or non-renewal of coverage, increase in premiums, modification of coverage, claim denial or claim settlements.

It has become the practice of the Division to issue its own explanatory letter and printed materials to the majority of individuals who have received an MIA determination letter.¹⁴ The

¹¹ The Division has interpreted its statutory authority to include the review of any matter before MIA that impacts homeowners and medical professional liability policyholders. This decision derives from the Division’s broad mandate to review “each medical professional liability insurance and homeowners insurance matter pending before the Commissioner.” Md. Code Ann., State Government § 6-306(a). Rate filings are reviewed pursuant to a specific mandate to “review any rate increase of 10% or more filed with the Commissioner by a medical professional liability insurer or homeowners insurer.” Md. Code Ann., State Government § 6-306(a).

¹² In this Report, references to “Rate Filings” shall mean all filings made under Insurance Article, Title 11, including new and revised rates, rating rules, policy forms and supplementary rate information.

¹³ Md. Code Ann. Insurance § 27-1001, Effective October 1, 2007.

¹⁴ PICD letters are not sent to individuals whose complaints have been resolved in their favor, who have withdrawn their complaints, or who have replaced their coverage resulting in an MIA letter stating that the issue is rendered moot and no remedy is available.

Division's letter explains that a staff member is available to discuss a consumer's right to an administrative hearing and explain applicable statutory and regulatory frameworks for hearings. Through calls from consumers who have received the Division's letter, the Division obtains additional information about company practices beyond the information detailed in the determination letters themselves. The Division's review of the determination letters has provided an opportunity to understand the procedures and policies of insurers in making underwriting and claim decisions that, at times, appear to adversely affect consumers generally. The Division routinely advises consumers that it does not provide legal representation for individuals in their disputes with insurers, although the Division attorneys will give guidance to consumers about the administrative hearing process.

As in the past fiscal year, the Division has found that there are significantly more homeowners' insurance complaints than medical professional liability insurance related complaints. Most homeowners' insurance complaints involve either consumer dissatisfaction with the handling or payment of a claim or with the action taken by an insurer to cancel insurance coverage or decline to renew coverage.

The Division reviewed 768 homeowners' insurance complaint determination letters issued by MIA between July 1, 2012 and June 30, 2013. (*See* Appendix A). Of the 768 complaint matters, MIA found 25 insurance company violations of the insurance laws. In addition to reviewing complaint determination letters, the Division received and reviewed 47 Final Orders that were issued by the MIA following hearings held during fiscal year 2013. Among these Orders, four were found in favor of the Complainant.

Each year, the Division investigates consumer complaint matters that appear to involve insurance law violations. Most matters are addressed informally through discussions with the MIA, the insurer and the consumer.

B. Division Review of Rate Filings

Insurance companies issuing homeowners' policies in Maryland are required by Title 11 of the Insurance Article to file with the Commissioner all rates, supplementary rate information, policy forms, endorsements and modifications of any of these documents.¹⁵ Homeowners' insurance is subject to the competitive ratings laws. Insurers are allowed to use the filed rates without obtaining the prior approval of the Commissioner.¹⁶ All policy forms must be approved by the Commissioner before use in Maryland.¹⁷

¹⁵ Md. Code Ann., Ins. Art. § 11-206.

¹⁶ Md. Code Ann., Ins. Art. § 11-307.

Insurance companies issuing medical professional liability insurance policies in Maryland are required by statute to obtain the approval of the Commissioner before using rates, rules, policy forms and any modifications of such documents.¹⁸ These filings may not take effect until 30 working days after filing with the Commissioner.¹⁹

The Division reviewed a total of 622 insurance filings for FY 2013 (*See* Appendix B). The Division requested rate hearings on two of these filings and expressed concern about several others. Thus far, only one of these filings remain unresolved.

1. Homeowners Insurance

The Division reviewed 503 homeowners filings made with the MIA during the fiscal year. (*See* Appendix B) These filings included rate increases and decreases, new rating rules, rule changes, new policy forms, and revisions to policy forms. Typically, the effect of a rate, rule or form change on consumers is not easily ascertained without in-depth analysis of the filing. The services of three actuarial consulting firms, each under contract with the Division, are used to analyze each filing that included actuarial data. In most instances, the Division's consultants determined that filings did not include adequate supporting actuarial data and the Division's consultants generated questions on the filed documents and made requests for additional supporting information. Following review and approval by the Division, these questions and requests were forwarded to the filing insurer. The Division, through its consultants, advised the MIA of inquiries being forwarded to the insurers. With a few exceptions, the Division consultants received satisfactory responses from the insurers' actuaries. In several cases, however, the insurers' responses were unsatisfactory, and the Division notified the MIA of its concerns, and all were resolved with MIA's intervention.

Availability of Homeowners Insurance in Coastal and Bay Areas

In FY 2013, the Division reviewed numerous filings affecting homeowners' insurance coverage in Coastal Maryland and along the Chesapeake Bay and its tributaries. This included filings establishing or increasing hurricane deductibles and filings which, under Md. Code Ann., Ins. Art. § 19-107, allowed some insurers to discontinue writing new homeowners' policies in

¹⁷ The General Assembly enacted a statute, effective October 1, 2011, that provides that homeowners' insurance companies may not cancel, refuse to underwrite or renew, refuse to issue a policy, or refuse to pay a claim under a homeowner's policy to a co-insured "victim" of a crime of violence. *See* Md. Code Ann., Ins. Art. § 27-504.1.

¹⁸ Md. Code Ann., Ins. Art. § 11-206(a).

¹⁹ Md. Code Ann. Ins. Art. § 11-206(g).

designated high risk geographic areas. The Division's consultants reviewed all data supporting these filings, as well as any supplemental information provided to the MIA in response to MIA requests and requests from the Division. Additionally, the Division attended presentations by companies which develop Hurricane Catastrophe Planning Models for use by these insurance producers.²⁰

Because of the number of insurers no longer writing in the Maryland Coastal area, the Division presented information on changes in the availability and affordability of homeowners insurance at an MIA hearing on December 13 and 14, 2011. The stated purpose of the hearing was to receive information regarding the current availability and affordability of personal and commercial property and casualty insurance in Maryland's coastal areas.²¹

As a result of the Court of Appeal's decision in *People's Insurance Counsel Division v. Allstate Insurance Co.*, 424 Md. 443 (2012), it is easier for insurance companies to satisfy the "economic and business purpose" standard of Section 27-501 when restricting insurance in coastal Maryland due to the threat of catastrophic losses stemming from a hurricane. Companies such as: Foremost Property & Casualty Insurance Company, Chubb National Insurance Company, Philadelphia Contributionship Insurance Company and Liberty Mutual Insurance Company, made filings under Section 19-107 to increase their no-write zones in FY 2013 to include areas from 1000 feet to within 5 miles of the Chesapeake Bay shoreline. Interestingly, Allstate's no-write zone, which was vast (it included all or part of eleven counties in Maryland) and which led to the Division taking this case to the Court of Appeals, was reduced in FY 2013 to include only one county and the coast of five other southern Maryland counties. Additionally, Allstate reduced the hurricane percentage deductibles for all areas of Maryland. The Division will continue to monitor Section 19-107 filings to determine whether such filings mask a discriminatory intent.

Significant Rate and Rule Filings

The Division conducts a review of all rate increase filings. In June 2012, the Automobile Insurance Company of Hartford ("AICH"), filed a rate increase filing of 21.7%. The Division's actuarial consultant deemed this increase to be excessive and the People's Insurance Counsel

²⁰ The modeling companies included: AIR Worldwide Corp., EQECAT, Inc., Risk Management Solutions, Inc., and CoreLogic. Additionally, many companies follow the Catastrophe Planning rules dictated by re-insurance companies such as Towers Watson.

²¹ A copy of the MIA's *Report on Availability and Affordability of Personal and Commercial Property and Casualty Insurance in Coastal Areas in Maryland* dated October 2012 can be found at <http://www.mdinsurance.state.md.us/sa/docs/documents/home/reports/coastal-report-10-31-2012.pdf>

requested a hearing on October 16, 2012. However, MIA stated that it was still reviewing the filing and the request was withdrawn pending that MIA review. In December 2012, MIA decided that, while AICH chose the most extreme probable outcomes, it was within the legal ratemaking rules and was considered acceptable. The PICD continues to monitor AICH's rates.

During FY 2013, many Maryland insurance companies proposed changing the coverage for their "Water Back-up and Sewer or Drain Overflow" endorsements.²² Homeowners' insurance companies in Maryland are required to offer full coverage for this risk. The Division has been tracking these proposed changes. MIA has objected to the insurers' proposals that would have resulted in increases in the costs of the coverage. Since many of the companies had no data to support the large proposed increases, MIA requested the companies reduce their proposed cost increase. A few companies have argued that since this is an endorsement, consumer competition should dictate the cost. PICD will continue to monitor the Water Back-Up endorsement cost increases to ensure that consumer interests are protected.

In August 2012, the People's Insurance Counsel informed MIA of the Division's concern about a State Farm filing from June 6, 2011. In this filing State Farm proposed to change its minimum deductibles for homeowners' only or mono-line policies. The new mandatory deductible would be \$2,000, while the deductible for multi-line or homeowners plus auto policies would have a mandatory deductible of only \$1,000. MIA determined that this change did not violate any Maryland law and the filing was accepted in October 2011. The Division, however, remains concerned about these practices and deems this to be impermissible "bundling."

Given new prohibitions against bundling enacted into law, the Division may seek to challenge the practice of insurers who increase the deductibles of monoline insureds.

2. Medical Professional Liability Insurance

There are significantly fewer medical professional liability insurance filings received each year by MIA as compared to homeowners' insurance filings. The Division reviewed 119 filings made by medical professional liability insurers during the fiscal year. The Division's consultants reviewed the medical professional liability filings in the same manner as the homeowners' filings, with requests for additional documentation being sent to insurers with copies to MIA actuaries.

In FY 2013 the Division participated in a rate hearing held by the Commissioner regarding a medical professional liability insurance filing made by American Casualty. In its

²² Md. Code Ann., Ins. Art. § 19-202.

filing, American Casualty proposed an overall rate increase of 9.3%. This included a 39.6% rate increase for certain classes of medical professionals. The Division intervened in the hearing and, using data provided by the Division's actuarial consultant, testified in opposition to the rate increase. After the hearing, American Casualty withdrew its minimum base premium change, which reduced the overall rate increase by almost 2%.

C. Division Review of Section 27-1001 Complaints

In 2007, the General Assembly amended the Insurance Article to provide policyholders, who believe that their insurer has failed to act with good faith, with a procedure for review of the matter. The provisions in Section 27-1001²³ and regulations adopted by the Insurance Administration in October 2007²⁴ require a policyholder to file a complaint with the MIA, with supporting documentation, stating the facts of the matter where the insurer is alleged to have acted without good faith. This procedure is only available to a policyholder. Injured third parties (e.g., a neighbor with damage to their home) may not file under Section 27-1001. After the insurer submits its opposition and supporting documentation, the MIA issues its finding based only on the documents. If the finding is adverse, the policyholder can either appeal the finding by requesting a *de novo* hearing at the Office of Administrative Hearings or file a request for judicial review with the appropriate circuit court. During FY 2013, MIA issued five Section 27-1001 decisions involving homeowners' insurance policies. MIA found no violations of Section 27-1001.

As an alternative to filing under Section 27-1001, consumers may file a complaint with MIA alleging that an insurer has failed to act in good faith. The list of unfair claim settlement practices in Section 27-303 was amended in 2007 to add "fail to act in good faith."²⁵ Like Section 27-1001, an insurer can be found in violation of failing to act in good faith when the consumer who makes the allegation is the policyholder of that insurer (first party claims). An insurer cannot be held in violation of the law for failing to act in good faith if the person who suffered a loss and filed a claim (a third party claim) is not the policyholder of the insurer. Based on the Division's review of the FY 2013 complaint determination letters issued by MIA, a small number of consumers have specifically alleged a failure to act in good faith.

²³ Md. Code Ann., Ins. Art. § 27-1001.

²⁴ COMAR 31.08.11.

²⁵ Md. Code Ann., Ins. Art. § 27-303(9). The full provision states: (9) fail to act in good faith, as defined in 27-1001 of this title, in settling a first-party claim under a policy of property and casualty insurance."

D. 2013 Legislative Session

The Division supported with testimony or sought to amend four bills in the 2013 session of the General Assembly.

House Bill 71 – Homeowner’s Insurance – Underwriting Based on Geographic Area

This bill established the requirements an insurer must meet before refusing to issue or renew a contract of motor vehicle, property, or casualty insurance solely because the insured property or the applicant’s or insured’s address is located within a specified geographic area of the State.

Senate Bill 446 and House Bill 342 – Homeowner’s or Renter’s Insurance and Private Passenger Motor Vehicle Insurance – Bundling Requirement – Prohibited – Passed

These bills prohibited an insurer, with respect to homeowner’s insurance, from denying, refusing to renew, or canceling coverage solely because the applicant or policyholder does not carry private passenger motor vehicle insurance with the insurer. In addition to providing testimony in support of House Bill 342 and Senate Bill 446, the Division contacted several consumers in an attempt to obtain further written and oral testimony to support the bills. The Division was successful in its efforts.

House Bill 695 – Homeowner’s Insurance – Anti-Concurrent Causation Clause – Prohibited – Passed

This bill, as originally drafted, prohibited an insurer from issuing a policy of homeowner’s insurance that contained an anti-concurrent causation clause. The bill passed, but with amendments, and instead of prohibiting the clauses, it required insurers to provide notice to homeowners if a policy contains an anti-concurrent causation clause. The bill also required the House Economic Matters Committee to study the use of anti-concurrent causation clauses in the insurance industry and issue a final report on or by December 31, 2013. On November 12, 2013, a House Economic Matters Committee meeting was held to discuss anti-concurrent causation clauses. The Division attended the meeting and submitted testimony in favor of prohibiting the clauses, and provided the Committee with examples from 2011-2013 in which homeowners’ claims were denied because of anti-concurrent causation clauses.

The Division submitted and drafted a bill which would place the “burden of persuasion” in unfair claim settlement hearings before the Maryland Insurance Administration on the insurance company instead of the insured. No hearing was ever scheduled for the bill.

The Division also reviewed and monitored the following bills:

House Bills: 1203 and 1205

Senate Bill: 296

Following Super Storm Sandy, the Division contacted each Maryland Senator and Delegate to offer assistance to their constituents, and provided them with literature prepared by the Division to assist them in filing an insurance claim for damage caused by the storm.

The Division reviewed and contributed its opinion on a proposed new regulation: Title 31 Subtitle 08.13, Application of Percentage Deductible in the Case of a Hurricane or Other Storm.

IV. INVESTIGATIONS

During FY 2013, the Division investigated 109 new matters. Investigations are commenced when the Division identifies an issue in an insurance complaint matter that potentially affects a broad number of consumers. These investigations are usually prompted by contact from the consumer who filed the complaint, but sometimes arise from consumers who contact the Division before a complaint is filed with the MIA. Details provided by the consumer that are not apparent from the determination letter are obtained and often the Division requests MIA's investigative file. Some investigations are commenced following contact from a consumer who has not filed a complaint with the MIA. A few investigations are commenced from a pattern or practice noted by the Division as a result of review of numerous determination letters from particular insurance companies.

Investigation of the complaint determination letter sent to Gregory and Moira Taylor resulted in the Division's request for a hearing on the complaint concerning a claim denial by State Farm. The company stated the Taylor's policy did not provide coverage for the collapse of their carport during the winter of 2010. The Taylors requested a hearing. The Division determined that the interests of insurance consumers were adversely affected by the actions of State Farm regarding the Taylor's claim; the policy provisions at issue included the terms "structure" and "building" but did not define those terms. The pertinent policy provisions did not dictate a claim denial for the loss of a carport and any personal property under a carport. MIA granted the Division's hearing request and the hearing was conducted on February 7, 2012. At the conclusion of a day-long hearing, the MIA ruled in favor of State Farm. The Division lost its appeal to the Circuit Court and the Court of Special Appeals, and has appealed to the Court of Appeals.

Investigation of the complaint determination letter of David Ruis resulted in the Division's request for a hearing on April 24, 2013. David Ruis filed a complaint with the MIA

against Allstate Insurance Company after Allstate denied his claim for fire damage to his garage, which was destroyed by fire in April of 2011. Allstate alleged that the garage was being used for “business purposes.” The Division believed there was nothing within the policy that prohibited Mr. Ruis from temporarily storing personal property used for his home improvement business in his garage because the term “business purposes” was ambiguous and undefined. MIA granted the Division’s hearing request and a hearing was conducted on August 6, 2013 and October 7, 2013. The MIA ruled in favor of Allstate because it found the garage was used for business purposes. The Division chose not to appeal the decision.

The Division had several meetings with the Commissioner and other MIA professionals in FY 2013. Primarily, these meetings concerned rate filings filed by insurance companies and MIA hearings on consumer complaints. As reflected by Appendix A, the Division has seen an increase in the number of homeowners’ insurance complaints.

V. CONSUMER ASSISTANCE EFFORTS

In addition to assisting the consumers who contact the Division, the Division maintained its website, added consumer alerts providing information about weather events that result in insurance claims and participated in various community events throughout the year.

VI. FY 2013 ACTIVITIES

The Division closes FY 2013 with several goals for FY 2014:

- The Division continues to upgrade its website. Although it is behind the schedule it set for itself for the fiscal year, it has made significant progress towards its goals. Given the increase in consumer complaints, the Division plans to provide consumers with practical information on a variety of consumer topics, which will allow Maryland consumers to make informed decisions when purchasing insurance or filing a claim. Specifically, the Division plans to add sections to the website which allow consumers to compare policies and eligibility rules of different insurers.
- Review rate increase filings, negotiate with the MIA on the filings that are not justified and actively represent consumer interests’ at rate hearings requested by the Division.
- Review and advocate for consumer interests for all proposed bills filed in the legislative session and advocating for the legislation proposed by the Division.

- Produce additional educational materials, adding information to the website on specific topics relating to homeowners insurance, making brochures available in Spanish and including them on the Division's website.
- Participate in additional community programs to educate consumers about insurance topics and to address consumer misunderstandings that result in cancellation, non-renewal or claim denials.
- Review insurance companies' practice of increasing deductibles for monoline insurance consumers.
- Broaden expertise on Hurricane Catastrophe Planning Models, and other models.
- Continue to coordinate with other state insurance consumer protection agencies to identify emerging trends in the homeowner's and medical malpractice insurance industries, and identify new practices to assist Maryland consumers.
- Focus on percentage deductibles in connection with insurance filings, regulations and legislation.
- Focus on consumer notice regulations and legislation.
- Focus on anti-concurrent causation cases, regulations, and legislation.

VII. CONCLUSION

The Division will continue its efforts to advocate on behalf of consumers regarding homeowner's insurance and medical professional liability insurance matters pending before the MIA. The Division will continue its review of all rate filings and analyze the changes made for their effect on consumers. As in past years, the Division will represent consumer interests before the House and Senate committees, reviewing insurance bills and supporting legislation that will protect consumer interests.

APPENDIX A

PEOPLE'S INSURANCE COUNSEL DIVISION REVIEW OF DETERMINATION LETTERS ISSUED BY MARYLAND INSURANCE ADMINISTRATION

DETERMINATION LETTER INFORMATION	
NUMBER OF DETERMINATION LETTERS REVIEWED BY PICD	768 Homeowners 2 Medical Malpractice
NUMBER OF TIMES MIA DETERMINED NO INSURANCE CODE VIOLATION **	571
NUMBER OF INSURANCE CODE VIOLATIONS CITED	25
NUMBER OF CONSUMERS WHO CONTACTED PICD AFTER RECEIVING PICD'S LETTER	109

** In one hundred and fifty-four (154) cases the insurance company changed its position vis-à-vis the complaint or the complainant withdrew his/her complaint. Twenty-two (22) cases were considered moot because the consumer purchased other insurance. In four (4) cases, the MIA determined the complainant did not have standing to file a complaint. In one (1) case, the letter reviewed did not involve homeowners or medical malpractice insurance issues.

INSURANCE COMPANIES WITH THE MOST COMPLAINTS IN DETERMINATION LETTERS REVIEWED BY PICD	
NAME OF COMPANY	NUMBER OF COMPLAINTS
Allstate Insurance Company/Encompass Insurance Company	135/5
State Farm Insurance Company	129
Standard Insurance Company/Travelers Insurance Company	75/43
Erie Insurance Company	50
Nationwide Insurance Company	50
Liberty Mutual Insurance Company/Liberty Insurance Corporation/Safeco	20/10/16
Homesite Insurance Company of the Midwest	24

American Insurance Group	15
Hartford Insurance Company/Twin City Fire Insurance Company	14/1
United Services Automobile Association/Garrison Property and Casualty Insurance Company	14/1
Windsor Mt.-Joy Insurance Company	14
Brethren Mutual Insurance Company	12

APPENDIX B

PEOPLE'S INSURANCE COUNSEL DIVISION'S REVIEW OF INSURER FILINGS

HOMEOWNERS INSURANCE FILINGS		
FORMS	RATES/RULES	TOTAL
249	254	503
MEDICAL PROFESSIONAL LIABILITY INSURANCE FILINGS		
FORMS	RATES/RULES	TOTAL
74	45	119

FORMS filings contain insurance policy forms, including endorsements and required policyholder notifications that insurance companies wish to introduce or use as replacements for previously approved forms.

RATE/RULES filings contain the insurer's proposed rating factors associated with numerous characteristics of risks. These factors are used in calculating the premium to be paid by individual policyholders. These filings generally include actuarial data to support the rating factors, supplementary rate information and underwriting guidelines or rules that explain the eligibility rules for different types of risks.