



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

ANNUAL REPORT OF THE PEOPLE'S INSURANCE COUNSEL DIVISION

Fiscal Year 2010

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 "PICD" or "Division") submits this annual report as required by the Maryland General Assembly.¹ On or before January 1 of each year, PICD is required to issue a report on the activities of the Division in the prior fiscal year. This report covers the time period from July 1, 2009 through June 30, 2010.

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 §§ 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 2010, the Division was staffed by the People’s Insurance Counsel, Peter K. Killough,¹⁰ an Assistant Attorney General, an analyst/investigator, a management associate and a full-time attorney in the Office of the Attorney General Associate Program.¹¹

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

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 The People’s Insurance Counsel 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).

¹¹ The Office of the Attorney General Associate program was created for new attorneys who have not been able to find employment. The program provides volunteer attorneys with the opportunity to gain work experience in a civil service setting. The Division had an Associate from August 2009 through June 2010.

consultants were selected for their expertise in property and casualty rate filings: AMI Risk Consultants, Inc., Kufera Consulting, Inc. and Madison Consulting Group.

III. DIVISION RESPONSIBILITIES

The Division concentrates its efforts in four areas:¹²

- 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;¹³
- 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 Ins. Art. § 27-1001.¹⁴

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.¹⁵

¹² 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).

¹³ 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.

¹⁴ Md. Code Ann. Insurance § 27-1001, Effective October 1, 2007.

¹⁵ The Annual Report for the MIA for Fiscal Year 2010 states that the Property and Casualty Consumer Complaint Section handled 7,831 complaints from consumers. The complaints that did not relate to personal automobile insurance totaled 2,470. Homeowners insurance complaints and those related to medical professional liability insurance are included in this number but are not specifically broken out in MIA’s Report.

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.¹⁶ The 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.

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 414 homeowners insurance complaint determination letters and 2 medical professional liability insurance determination letters issued by MIA between July 1, 2009 and June 30, 2010. (See Appendix A). 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.

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.¹⁷ 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.¹⁸ All policy forms must be approved by the Commissioner before use in Maryland.¹⁹

¹⁶ 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.

¹⁷ Md. Code Ann., Ins. Art. § 11-206.

¹⁸ Md. Code Ann., Ins. Art. § 11-307.

¹⁹ In 2008 several new statutes were added to the Insurance Article requiring homeowners insurers to make filings with the Insurance Commissioner. One new law requiring policyholder notices applies to policies issued on or after October 1, 2008 that include a percentage deductible for damage caused by hurricanes and storms. See Md. Code Ann., Ins. Art. § 19-208. For policies issued on or after June 1, 2009, insurers are required to offer a premium discount for home improvements to mitigate loss from a hurricane or storm. See Md. Code Ann., Ins. Art. § 19-209.

1. Homeowners Insurance

The Division reviewed 666 homeowners rate 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.²⁰ The services of three actuarial consulting firms, each under contract with the Division, were used to analyze each filing that included actuarial data. In some 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 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 only a few exceptions, the PICD consultants received responses from the insurers' actuaries.

Availability of Homeowners Insurance in Coastal and Bay Areas

Numerous filings affecting homeowners insurance availability in Coastal Maryland and along the Chesapeake Bay and its tributaries, filed under Md. Code Ann., Ins. Art. § 19-107, were reviewed by the Division. Still under review by the Division from FY 2007 is a group of underwriting rule filings from insurers who notified the MIA, pursuant to Md. Code Ann., Ins. Art. § 19-107, that new homeowners policies would not be written in designated geographic areas, particularly coastal areas. The Division's consultants reviewed all supporting data initially supplied by these insurers and supplemental information provided to the MIA in response to MIA requests and requests from the Division. Some insurers have not permitted the Division to obtain documents supporting these filings.²¹

In the case of two filings under § 19-107 by Allstate Insurance Company and Allstate Indemnity Company in December 2006, following the Insurance Commissioner's May 31, 2007 decision to allow Allstate to implement its underwriting plan effective June 4, 2007, the Insurance Commissioner granted the Division's request for a hearing on the filings.²² The

Although these provisions apply to policies issued in FY 2009 the Division began to see insurer filings made under these new laws in the last few months of FY 2008. These laws require advance submission to the Commissioner and, in some cases, approval, before use by the insurer.

²⁰ The effect of a rate, rule or form change on consumers is not easily ascertained without in-depth analysis of the filing.

²¹ Some insurers making §19-107 filings to restrict insurance written in Eastern and Southern Maryland have advised the Insurance Commissioner that the Catastrophe Model and other information supporting the filing are confidential commercial information. The provisions of §19-212 allow this designation.

²² A hearing was held in this matter, In re Allstate Insurance Company, on December 13 and December 14, 2007 before Associate Deputy Commissioner Thomas Paul Raimondi, sitting on behalf of the Commissioner.

Insurance Commissioner issued a Final Order in favor of Allstate²³ and PICD filed a Petition for Judicial Review with the Circuit Court for Baltimore City.²⁴ Allstate's Motion to Dismiss the Division's Petition, on the grounds that PICD lacked standing under its statutes to request judicial review of the Commissioner's Final Order, was granted.²⁵ PICD and MIA appealed the Circuit Court Order and the case was heard by the Court of Appeals on February 6, 2009.²⁶

On April 15, 2009 the Court of Appeals held in *People's Insurance Counsel Division v. Allstate Insurance Co* that the Division had standing under its statutes to seek judicial review of an MIA decision on insurer filings. Allstate's challenge to the Division's standing was resolved in the Division's favor by the Court's interpretation of §§ 6-306 and 6-307 of the State Government Article. The case was returned to the Circuit Court and on September 24, 2009 and Circuit Court Judge Sylvester B. Cox affirmed the Insurance Commissioner's February 2, 2008 Final Order allowing the Allstate filings to be implemented. The Division filed an appeal of the Circuit Court Order in the Court of Special Appeals (September Term, No. 813). The Division presented its argument to the Court on November 4, 2010 and a decision is expected in FY 2011.

Significant Rate Increase Filings

The Division conducts a review of all rate increase filings. Notable in the filings reviewed in FY 2010 was a group of Allstate Insurance Company and Allstate Indemnity Company filings increasing rates in excess of 13%. The Division's actuarial analysis determined that these large increases were not supported by the data and were excessive. Following the Division's communications with the MIA on these filings, including a request to the Insurance Commissioner for a hearing on the filings, Allstate withdrew the filings in October, 2009.

2. Medical Professional Liability Insurance

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.²⁷ These filings may not take

²³ On February 2, 2008, the MIA issued a Final Order in favor of Allstate, finding that the requirements of § 19-107 were met and there was no violation of § 27-501 of the Insurance Article.

²⁴ The Division's Petition was filed on February 29, 2008. Subsequently, Allstate filed a Cross Petition For Judicial Review on March 10, 2008 and a Motion to Dismiss Petition for Judicial Review on April 11, 2008.

²⁵ The Motion Hearing before Judge Carol Smith was conducted on June 4, 2008. The Division filed a Notice of Appeal on July 18, 2008 with the Court of Special Appeals and MIA filed its appeal on July 22, 2008.

²⁶ On August 6, 2008, Allstate filed a Petition for Writ of Certiorari with the Court of Appeals of Maryland and the Petition was granted on September 10, 2008.

²⁷ Md. Code Ann., Ins. Art. § 11-206(a).

effect until thirty (30) working days after filing with the Commissioner.²⁸ There are significantly fewer medical professional liability insurance filings received each year by MIA as compared to homeowners insurance filings. The Division reviewed 107 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.

The Division reviewed a total of 773 insurance filings for FY 2010 (See Appendix B). The Division requested rate hearings on a few filings but the Division's concerns with the filings were addressed by the filer resulting in no need for the hearing. In FY 2010 the Insurance Commissioner did not hold any rate hearings regarding medical professional liability insurance filings or homeowner's insurance filings.

C. Division Review of Filings Under § 27-1001

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 §27-1001²⁹ and regulations adopted by the Insurance Administration in October 2007³⁰ 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 §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 2010, MIA issued two §27-1001 decisions involving homeowners insurance policies. (See Appendix C).

As an alternative to filing under §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 §27-303 was amended in 2007 to add "fail to act in good faith".³¹ Like § 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

²⁸ Md. Code Ann. Ins. Art. § 11-206(g).

²⁹ Md. Code Ann., Ins. Art. § 27-1001.

³⁰ COMAR 31.08.11.

³¹ 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."

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 FY 2009 complaint determination letters issued by MIA, a small number of consumers have specifically alleged a failure to act in good faith. No insurers were found in violation of §27-303(9) in FY 2010.

D. 2010 Legislative Session

The Division reviewed the following bills filed in the 2010 legislative session to determine the impact on insurance consumers:

House Bills: 55, 86, 669, 840, 854, 1088, 1101, 1252, 1253, 1514

Senate Bills: 402, 647, 906, 1044

For several bills, the Division testified before the House or Senate Committee assigned the bill and provided written comments on the bill.

House Bill 144 was proposed by Delegate Warren Miller to repeal the statutes in the State Government Article creating the Division. The Division participated in the Economic Matters Committee hearing. The Committee heard the testimony of three consumers who had contacted the Division concerning problems that they were having with a homeowners insurance company. Information relating to the Division's work during past legislative sessions was provided to the Committee. The bill received an unfavorable report from the Committee.

The Division was involved in a group of bills relating to water damage coverage including HB 55, HB 1088 and SB 906. These bills all addressed the need for water damage coverage from water flowing from a broken water main. The Division met with interested members of the House and Senate at the request of the sponsor of HB 55, Delegate Ivey, and prepared information in support of the bill. At the conclusion of the legislative session, Senate Bill 906 was amended to provide that the Maryland Insurance Administration conduct a study of water damage coverage and consult with other relevant stakeholders, including the Division.

IV. INVESTIGATIONS

During FY 2010, the Division investigated 58 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.

Following the legislative session, the Division reviewed the water and sewer coverage of several insurers selling homeowners insurance to determine the extent of the coverage and the interpretation of the coverage by insurer's who have addressed complaints filed by consumers who have had water damage to their home. The Division held productive meetings with the Insurance Commissioner and MIA staff to discuss the Division's agenda for protecting consumer interests, and to discuss topics of concern to the Division.

The Division continues to work on consumer problems in getting damage to condominium units addressed by the insurance company insuring the unit and the company insuring the condominium association.

V. CONSUMER ASSISTANCE EFFORTS

The Division added the following information to its website in FY 2010: Text of Insurance Article statutes on unfair claim settlement practices, Frequently Asked Questions on administrative hearings,. Also available on the website are the Division's consumer brochures: *After The Damage – Who Should Remove the Water? A Consumer Guide on Restoration Companies.*

The Division made presentations at new homebuyer workshops to explain homeowners insurance and it had a booth at various Community Events in Baltimore.

VI. FY 2011 ACTIVITIES

The Division closes FY 2010 with several goals for FY 2011:

- Continued litigation of judicial interpretation of Insurance Article sections 19-107 and 27-501 to challenge the filings made by several insurers to cease writing new policies in geographic areas of Maryland because of hurricane risk;
- Continued review of insurer underwriting rules that designate coastal areas and other geographic areas for higher deductibles or as ineligible for coverage because of their location;
- Aggressive review of rate increase filings, negotiation with the MIA on the filings that are not justified and representation of consumer interests at rate hearings requested by the Division;

- Work with the MIA on proposed regulations on a consumer complaint procedure to ameliorate the harsh effect of the “arbitrary and capricious” standard in the Unfair Claim Settlement Practices Act in the Insurance Article.
- Review and advocate for consumer interests for all proposed bills filed in the legislative session and advocating for the legislation proposed by the Division.
- Production of additional educational materials, making materials available in Spanish and including them on the Division’s website;
- Participation in additional community programs to educate consumers about insurance topics and to address consumer misunderstandings that result in cancellation, non-renewal or claim denials;
- Outreach to the medical professionals who purchase medical professional liability insurance and review of any changes to the insurance necessitated by the health insurance reform measures that Maryland will be adopting.

VII. CONCLUSION

The Division will continue its efforts to advocate on behalf of consumers regarding homeowner insurance and medical professional liability insurance matters pending before the MIA. The Division will pursue reversal of the Circuit Court Order in the Allstate case allowing the Commissioner’s Order finding lawful Allstate’s filings identifying a large geographic region as ineligible for coverage due to hurricane risk. The Division will continue its review of all rate filings and analyze the changes made for their affect on consumers. As in past years, the Division will represent consumer interests before the House and Senate committees reviewing insurance bills and support 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 | 414 Homeowners 2 Medical Malpractice |
| NUMBER OF TIMES MIA DETERMINED NO INSURANCE CODE VIOLATION ** | 326 |
| NUMBER OF INSURANCE CODE VIOLATIONS CITED | 6 |
| NUMBER OF CONSUMERS WHO CONTACTED PICD AFTER RECEIVING PICD'S LETTER | 81 |

** In Seventy-Four (74) cases the insurance company changed its position vis-à-vis the complaint or the complainant withdrew his/her complaint. Six (6) cases were considered moot because the consumer purchased other insurance. In Three (3) cases, the MIA had no authority.

| INSURANCE COMPANIES WITH THE MOST COMPLAINTS IN DETERMINATION LETTERS REVIEWED BY PICD | |
|---|----------------------|
| NAME OF COMPANY | NUMBER OF COMPLAINTS |
| Allstate Insurance Company/Encompass Insurance Company | 55/13 |
| Standard Insurance Company/Travelers Insurance Company | 53/4 |
| Nationwide Insurance Company | 37 |
| State Farm Insurance Company | 34 |
| Erie Insurance Company | 31 |
| Hartford Insurance Company | 18 |
| Liberty Mutual Insurance Company | 12 |

APPENDIX B

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

| HOMEOWNERS INSURANCE FILINGS | | |
|---|-------------|-------|
| FORMS | RATES/RULES | TOTAL |
| 229 | 437 | 666 |
| MEDICAL PROFESSIONAL LIABILITY INSURANCE FILINGS | | |
| FORMS | RATES/RULES | TOTAL |
| 45 | 62 | 107 |

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.

APPENDIX C

| INSURANCE ART. § 27-1001 – LACK OF GOOD FAITH COMPLAINTS* | | |
|---|--|--|
| Number of § 27-1001 Written Opinions Issued by the Maryland Insurance Administration | Fiscal Year 2010 (7/1/2009-6/30/2010) | Fiscal Year 2011 (7/1/2010-12/1/10) |
| | 23 | 9 |
| Type of Policy (Homeowners, Automobile, and Other) | Homeowners – 2 Automobile – 20 Other – 1 | Homeowners – 0 Automobile – 9 |
| Number of Times MIA Determined Insurer Lacked Good Faith | Homeowners – 0 Automobile – 2 Other – 0 | Homeowners – 0 Automobile – 0 |
| Number of Times MIA Determined No Insurer Violation | Homeowners – 1** Automobile – 18 Other – 1 | Homeowners – 0 Automobile – 9 |

* All data acquired from Maryland Insurance Administration website
(<http://www.mdinsurance.state.md.us/sa/jsp/availPubInfo/LegalInformation.jsp?divisionName=Legal+Information%5EInsurer+Good+Faith+Requirements%5ECase+Decisions+%2827-1001%29&pageName=/sa/jsp/availPubInfo/LegalInformation.jsp#>)

** One § 27-1001 complaint was dismissed because the actions of the insurer took place before the statute was enacted and the complaint was time barred.

