



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

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**ANNUAL REPORT OF THE PEOPLE'S INSURANCE COUNSEL DIVISION**

**Fiscal Year 2009**

**Submitted to the Governor and General Assembly**

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## 1. 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.<sup>1</sup> 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, 2008 through June 30, 2009.

### 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").<sup>2</sup> 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.<sup>3</sup>

### 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.<sup>4</sup> 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

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<sup>1</sup> Md. Code Ann., State Government § 6-308.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.<sup>5</sup>

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.<sup>6</sup> 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.<sup>7</sup> 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.<sup>8</sup>

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

## **II. Division Staff and Budget**

In Fiscal Year 2009, the Division was staffed by the People’s Insurance Counsel, Peter K. Killough,<sup>10</sup> an Assistant Attorney General, an analyst/investigator, a management associate and two part-time law student interns.<sup>11</sup>

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: AMI Risk Consultants, Inc., Kufera Consulting, Inc. and Madison Consulting Group.

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

<sup>6</sup> Md. Code Ann., State Government § 6-307. See FN 26 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).

<sup>7</sup> 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.

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

<sup>9</sup> Md. Code Ann., State Government § 6-307(d).

<sup>10</sup> 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).

<sup>11</sup> In the first half of FY 2009, the Division was not fully staffed as recruiting efforts had not resulted in a qualified individual to fill the People’s Insurance Counsel position vacated in 2008.

### **III. Division Responsibilities**

The Division concentrates its efforts in four areas:<sup>12</sup>

- 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;<sup>13</sup>
- 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.<sup>14</sup>

#### **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.<sup>15</sup>

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<sup>12</sup> 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).

<sup>13</sup> 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.

<sup>14</sup> Md. Code Ann. Insurance § 27-1001, Effective October 1, 2007.

<sup>15</sup> The Annual Report for the MIA for Fiscal Year 2009 states that the Property and Casualty Consumer Complaint Section handled 7,807 complaints from consumers. The complaints that did not relate to personal automobile insurance totaled 2,247. 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.<sup>16</sup> 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 359 homeowners insurance determination letters and 2 medical professional liability insurance determination letters issued by MIA between July 1, 2008 and June 30, 2009. (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.<sup>17</sup> 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.<sup>18</sup> All policy forms must be approved by the Commissioner before use in Maryland.<sup>19</sup>

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<sup>16</sup> 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.

<sup>17</sup> Md. Code Ann., Ins. Art. § 11-206.

<sup>18</sup> Md. Code Ann., Ins. Art. § 11-307.

<sup>19</sup> The enactment of House Bill 1353 in 2008 added several new statutes 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.

The Division reviewed all homeowners rate filings made with the MIA during the fiscal year. These filings included rate increases and decreases, new rating rules, rule changes, new policy forms, and revisions to policy forms.<sup>20</sup> 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.

In the May of 2009, the Division commenced a review of 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 MIA for a hearing on the filings, Allstate withdrew the filings in October, 2009.

In FY 2009, the Division continued its review of filings from homeowners insurers responding to H.B. 1353 that passed in 2008. Under the new law, effective 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.

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.

In the case of two such filings 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.<sup>21</sup> The Insurance

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See Md. Code Ann., Ins. Art. § 19-209. 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.

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

Commissioner issued a Final Order in favor of Allstate<sup>22</sup> and PICD filed a Petition for Judicial Review with the Circuit Court for Baltimore City.<sup>23</sup> 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.<sup>24</sup> PICD and MIA appealed the Circuit Court Order and the case was heard by the Court of Appeals on February 6, 2009.<sup>25</sup>

The April 15, 2009 decision of the Court of Appeals held that the Division had standing under its statutes to seek judicial review of an MIA decision on insurer filings.<sup>26</sup> The case returned to the Circuit Court and on September 24, 2009 a hearing was held on the Commissioner's May 31, 2007 decision on the Allstate filings. Circuit Court Judge Sylvester B. Cox affirmed the Insurance Commissioner's February 2, 2008 Final Order and PICD, on November 4, 2009, filed an appeal of the October 9, 2009 Circuit Court Order. The matter is currently pending in the Court of Special Appeals (September Term, No. 813).

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.<sup>27</sup> These filings may not take effect until thirty (30) working days after filing with the Commissioner.<sup>28</sup> There are significantly fewer medical professional liability insurance filings received each year by MIA as compared to homeowners insurance filings. As with homeowner's insurance filings, the

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<sup>21</sup> 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.

<sup>22</sup> 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.

<sup>23</sup> 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.

<sup>24</sup> 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.

<sup>25</sup> 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.

<sup>26</sup> Allstate's challenge to the Division's standing was resolved in the Division's favor by the April 15, 2009 decision in *People's Insurance Counsel Division v. Allstate Insurance Co.*, 408 Md. 336, 969 A.2d 971 (2009). The Court of Appeals interpreted §§ 6-306 and 6-307 of the State Government Article and held that the Division is:

... a party in matters before the Insurance Commissioner, that this [hearing on Allstate's filings] constituted such a matter, and that as a party, the Division may seek judicial review from an order of the Commissioner under Section 2-215(b) of the Insurance Article. *Id* at 973.

<sup>27</sup> Md. Code Ann., Ins. Art. § 11-206(a).

<sup>28</sup> Md. Code Ann. Ins. Art. § 11-206(g).

Division reviewed all 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 857 homeowners insurance filings and 129 medical professional liability insurance filings for FY 2009 (See Appendix B). The Insurance Commissioner did not hold any FY 2009 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 §27-1001<sup>29</sup> and regulations adopted by the Insurance Administration in October 2007<sup>30</sup> 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 2009, 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".<sup>31</sup> 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 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 2009. One consumer requested a hearing alleging a violation of §27-303(9) and the Administrative Law Judge decided that there was no violation.

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<sup>29</sup> Md. Code Ann., Ins. Art. § 27-1001.

<sup>30</sup> COMAR 31.08.11.

<sup>31</sup> 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. Pending Legislation**

The Division reviewed pending legislation filed in the 2009 legislative session to determine the impact on insurance consumers. The Division actively participated in the committee hearings and work group meetings related to proposed changes to the Maryland Condominium Act in HB 287 and SB 151. Property insurance covering condominium units was the subject of the bill and the interests of unit owners were represented by the Division and the Maryland Homeowners Association, a small non-profit. As a result of the Division's consumer representation, amendments to HB 287 included notification to unit owners and prospective unit purchasers of the obligation to pay for damage to the unit or other property, up to \$5,000, before the condominium association, or its commercial insurance carrier, is financially responsible. Other property insurance bills and one bill concerning medical professional liability insurance were followed by the Division.

At the conclusion of the legislative session, the Division began preparing proposed legislation for the 2010 session to address issues identified over the course of the Division's three year history.

#### **IV. Investigations**

During FY 2009, the Division investigated 71 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. 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 contacted several insurers selling condominium unit insurance to determine insurer plans to make any required changes in unit owner policy forms. The Division's concern was the availability of the necessary coverage for condominium association assessments that will result from the law change.

The Division held productive meetings with Insurance Company representatives to discuss the Division's agenda for protecting consumer interests, to hear industry concerns, and to obtain a designated contact person for each insurer. Meetings with the Insurance Commissioner were held to discuss topics of concern to the Division and to identify potential problem areas for consumers.

## V. Consumer Assistance Efforts

The Division increased its efforts in FY 2009 to increase consumer awareness of the Division. The Division had a booth at Community Events in Baltimore and Prince Georges County. The Division met with representatives of Medchi, a non-profit organization advocating for physicians, to discuss the activities of the Division relating to medical professional liability insurance and to seek information on issues that concern physicians.

The Division completed a brochure on consumers and their contact with water restoration companies following an insurance loss involving water or fire: *After The Damage – Who Should Remove the Water? A Consumer Guide on Restoration Companies*. This brochure was reviewed and approved by the Institute of Inspection, Cleaning and Restoration Certification and reviewed by the corporate office of a nationwide restoration corporation. The Division prepared consumer information on the changes in the condominium insurance laws that affect property insurance coverage needs of unit owners. Other brochures are being researched and written for use in FY 2010.

## VI. FY 2010 Activities

The Division closes FY 2009 with several goals for FY 2010:

- 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 because of their location;
- Advocating consumer interests during the legislative session to advocate for the legislation proposed by the Division and review all proposed legislation affecting the interests of insurance consumers.
- 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.

## **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

<b>DETERMINATION LETTER INFORMATION</b>	
NUMBER OF DETERMINATION LETTERS REVIEWED BY PICD	359 Homeowners 2 Medical Malpractice
NUMBER OF TIMES MIA DETERMINED NO INSURANCE CODE VIOLATION **	244
NUMBER OF INSURANCE CODE VIOLATIONS CITED	17
NUMBER OF CONSUMERS WHO CONTACTED PICD AFTER RECEIVING PICD'S LETTER	64

\*\* In eighty-five (85) cases the insurance company changed its position vis-à-vis the complaint or the complainant withdrew his/her complaint. Ten (10) cases were considered moot because the consumer purchased other insurance. In four (4) cases, the MIA had no authority.

<b>INSURANCE COMPANIES WITH THE MOST COMPLAINTS IN DETERMINATION LETTERS REVIEWED BY PICD</b>	
NAME OF COMPANY	NUMBER OF COMPLAINTS
Allstate Insurance Company/Encompass Insurance Company	57/14
Standard Insurance Company/Travelers Insurance Company	42/4
Nationwide Insurance Company	38
State Farm Insurance Company	32
Erie Insurance Company	22
Liberty Mutual Insurance Company	16
Hartford Mutual Insurance Company	8

## APPENDIX B

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

HOMEOWNERS INSURANCE FILINGS		
FORMS	RATES/RULES	TOTAL
338	519	857
MEDICAL PROFESSIONAL LIABILITY INSURANCE FILINGS		
FORMS	RATES/RULES	TOTAL
63	66	129

**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

<b>INSURANCE ART. § 27-1001 – LACK OF GOOD FAITH COMPLAINTS*</b>		
<b>Number of § 27-1001 Written Opinions Issued by the Maryland Insurance Administration**</b>	<b>Fiscal Year 2009 (7/1/2008-6/30/2009)</b>	<b>Fiscal Year 2010 (7/1/2009-11/12/09)</b>
	33	9
<b>Type of Policy (Homeowners, Automobile, and Other)</b>	Homeowners – 5 Automobile – 24 Other – 4	Homeowners – 1 Automobile – 8
<b>Number of Times MIA Determined Insurer Lacked Good Faith</b>	Homeowners – 0 Automobile – 3 Other – 0	Homeowners – 0 Automobile – 1
<b>Number of Times MIA Determined No Insurer Violation</b>	Homeowners – 5 Automobile – 21 Other – 4	Homeowners – 1 Automobile – 7

\* 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#>

\*\* Additional §27-1001 complaints were filed but were withdrawn, settled, or not within the jurisdiction of §27-1001.