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BULLETIN 12-04

Date: March 29, 2012
To: All Entities Required to File Annual Fraud Data Reports
Re: Revised Format for Annual Fraud Data Report

The format for the annual Fraud Data Report (§27-803 and COMAR 31.04.15.06) was modified last year and was posted on the MIA website. Previously, there was only a line for reporting the number of suspected fraudulent claims; the form now requires you to report as well the number of suspected false applications and the number of suspected internal frauds (employee and/or agent misconduct). See attached revised format.

Questions about this Bulletin may be addressed to the Fraud Division Compliance Officer, Diane Blank, at dblank@mdinsurance.state.md.us or by telephone, 410-468-3968.

Signature on file with original

Carolyn H. Henneman
Associate Commissioner
Insurance Fraud Division
Maryland Insurance Administration

**PLEASE COMPLETE THIS FORM
AND E-MAIL IT TO THE MD. INSURANCE FRAUD DIVISION**
(dblank@mdinsurance.state.md.us)

**2011 ANNUAL REPORT OF FRAUD RELATED DATA – Due by 3/31/12
(COMAR 31.04.15.06)**

COMPANY NAME: _____ NAIC #: _____

I. POLICY/CLAIM DATA

- a. Total # of policies in force in Maryland _____
- b. Total # of claims submitted by Maryland residents _____

II. SUSPECTED FRAUDS

- a. Total # of suspected frauds _____
 - (1) # of suspected fraudulent applications _____
 - (2) # of suspected fraudulent claims _____
 - (3) # of suspected internal frauds (employee and agent). _____
- b. Total # of suspected fraudulent claims in which the claim was denied _____
- c. Total # of suspected frauds reported to authorities _____
 - (1) # reported to Maryland Insurance Fraud Division _____

Name, title, telephone number and email
address of person completing form

**PLEASE MAINTAIN A HARD COPY OF COMPLETED FORM IN YOUR
RECORDS FOR AUDIT PURPOSES**

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