

**PLEASE COMPLETE THIS FORM
AND E-MAIL IT TO THE MARYLAND INSURANCE ADMINISTRATION's FRAUD
DIVISION**

(data_reports.mia@maryland.gov)

**ANNUAL REPORT OF FRAUD RELATED DATA – Due each year by 3/31
(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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