**Section 928.40 Reports**

a) All insurance claims and all lawsuits shall be reported electronically to the Director by the insurer and contain the information set forth in Exhibit B of this Part.

b) All insurance claims closed and all lawsuits closed that were previously reported pursuant to subsection (a) of this Section shall be reported electronically to the Director by the insurer and contain the information set forth in Exhibit B of this Part.

c) All insurance claims and all lawsuits re-opened that were previously reported pursuant to subsection (b) of this Section shall be reported electronically to the Director by the insurer and contain the information set forth in Exhibit B of this Part.

d) All insurance claims and all lawsuits re-closed that were previously reported pursuant to subsection (c) of this Section shall be reported electronically to the Director by the insurer and contain the information set forth in Exhibit B of this Part.

e) All updates to insurance claims and lawsuits that were previously reported pursuant to subsections (a) through (d) of this Section shall be reported electronically to the Director by the insurer and contain the information set forth in Exhibit B of this Part.

f) Beginning January 1, 2013, the reports required by subsections (a) through (e) of this Section shall be filed with the Director on a quarterly basis, due 45 days after the end of the quarter, and shall cover all updates and/or status changes that occurred in that quarter to all insurance claims and lawsuits filed.

g) Beginning January 1, 2006, insurers shall only be required to file reports pursuant to subsections (a) through (e) of this Section upon request of the Director for providers who arrange for the delivery or furnishing of health care services pursuant to Section 1-2(12) of the Health Maintenance Organization Act [215 ILCS 125/1-2(12)].

(Source: Amended at 36 Ill. Reg. 18677, effective December 17, 2012)