Mississippi Secretary of State
700 North Street, P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Department of Insurance		Kimberly Causey	(601) 359-3577	
ADDRESS		CITY	STATE	ZIP
P.O. Box 79		Jackson	MS	39205
EMAIL	SUBMIT DATE	Name or number of rule(s):		
Kim.causey@mid.ms.gov	8/20/20	Title 19 Part 3 Chapter 4: Accident and Health Insurance Policies, Rates and Other Endorsement Filings)		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The purpose of this regulation is to establish procedure for the filing or submission of accident and sickness insurance policies, specifically benefit changes.
;Specific legal authority authorizing the promulgation of rule: Miss Code Ann. §§83-5-1; 83-5-29; 83-9-5 (7)
List all rules repealed, amended, or suspended by the proposed rule: Title 19, Part 3, Chapter 4 is amended

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
___ Original filing _____ Renewal of effectiveness To be in effect in ___ days Effective date: ___ Immediately upon filing _____ Other (specify):_____	**Action proposed:** __ __ New rule(s) __x__Amendment to existing rule(s) _____Repeal of existing rule(s) _____Adoption by reference **Proposed final effective date:** _____30 days after filing __x__Other (specify): 1/1/21	**Date Proposed Rule Filed:** **Action taken:** ___Adopted with no changes in text _____Adopted with changes _____Adopted by reference _____Withdrawn _____ Repeal adopted as proposed **Effective date:** ___30 days after filing _____Other (specify):

Printed name and Title of person authorized to file rules: Kimberly Causey, Special Assistant Attorney General
Signature of person authorized to file rules: Kim Causey, SAAG

DO NOT WRITEBELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED AUG 2 0 2020 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** #25056	**Accepted for filing by**

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.