

Mississippi Secretary of State

700 North Street, P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Insurance		CONTACT PERSON Kimberly Causey	TELEPHONE NUMBER (601) 359-3577	
ADDRESS P.O. Box 79		CITY Jackson	STATE MS	ZIP 39205
EMAIL Kim.causey@mld.ms.gov	SUBMIT DATE 8/20/20	Name or number of rule(s): 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List all rules repealed, amended, or suspended by the proposed rule: Title 19, Part 3, Chapter 4 is amended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.

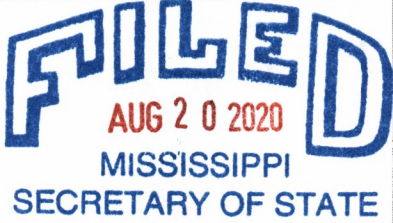
ECONOMIC IMPACT STATEMENT:

- ☒ 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) ☒ Amendment to existing rule(s) ____ Repeal of existing rule(s) ____ Adoption by reference Proposed final effective date: ____ 30 days after filing ☒ 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: *Kimberly Causey, S.A.A.G.*

OFFICIAL FILING STAMP 	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP 	OFFICIAL FILING STAMP
Accepted for filing by _____	Accepted for filing by <i>[Signature]</i> #25056	Accepted for filing by _____

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