

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@mid.ms.gov	SUBMIT DATE 10/13/20	Name or number of rule(s): Title 19, Part 1 Chapter 45 "Insurance Flexible Rating System"		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The purpose of this regulation is implement a Flexible Rating System for property and casualty insurance products.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. Sections 83-5-1; 83-2-1 et seq. (Rev. 2011) and H.B. 773, 2020 Mississippi Legislative Session

List all rules repealed, amended, or suspended by the proposed rule: n/a

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.

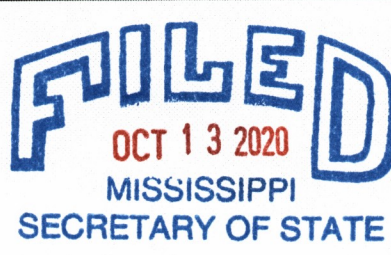
ECONOMIC IMPACT STATEMENT:

- ☒ 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: ___ X ___ New rule(s) ___ 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, Chief of Staff

Signature of person authorized to file rules: *Kimberly Causey, Chief of Staff*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by _____	 Accepted for filing by <i>#25182 [Signature]</i>	Accepted for filing by _____

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