

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 2/24/22	Name or number of rule(s): Title 19, Part 4 Chapter 3 Mississippi Automobile Insurance Plan		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The purpose of amendments to this regulation is to allow the Plan to issue private passenger motor vehicle policies, and commercial motor vehicle policies in the name of the Plan.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §83-5-1; and §63-15-5 (Rev. 2011)

List all rules repealed, amended, or suspended by the proposed rule: Title 19, Part 4 Chapter 3 Mississippi Automobile Insurance Plan

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): _____	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): 1/1/22

Printed name and Title of person authorized to file rules: Kimberly Causey, Chief of Staff

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

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	 	
Accepted for filing by _____	Accepted for filing by <i>25961 PBM</i>	Accepted for filing by _____

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