



NOTICE OF PROPOSED RULE ADOPTION
STATE OF MISSISSIPPI
DEPARTMENT OF INSURANCE

MISSISSIPPI
SECRETARY OF STATE

Mississippi Department of Insurance
C/o Lee Harrell, Deputy Commissioner
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Miss. Code Ann., Sections 25-43-1, et seq.
Miss. Code Ann., Sections 83-5-1, et seq.
Miss. Code Ann., Section 83-8-211

Reference to Rules repealed, amended or suspended by the
Proposed Rule:
Mississippi Regulation 94-101 shall be amended.

Specific Legal Authority authorizing the
promulgation of Rule:

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

Mississippi Regulation 94-101 should be amended to provide the current telephone number for the Mississippi
Comprehensive Health Insurance Risk Pool Association (hereinafter "Association") and to provide the current internet/email
address for the Association. The Mississippi Insurance Department requests that this rule be adopted on an emergency basis
in accordance with Mississippi Code Annotated, Sections 25-43-3.108 and 25-43-7 (2005), since it is necessary and urgent
for persons in need of this coverage to have access to updated contact information for the Association. In support thereof, the
Mississippi Insurance Department finds that an imminent peril to the public health, safety, or welfare requires adoption of
this emergency rule without prior notice of hearing.

This rule is proposed as a [X] Final Rule, and/or a () Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above
address. Persons making comments should include their name and address, as well as other contact information, and
if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

[] An oral proceeding is scheduled on this rule on Date: {Insert Date} Time: {Insert Time}
Place: {Insert Place}

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at
the above address at least ___ day(s) prior to the proceeding to be placed on the agenda. The request should
include your name, address, telephone number as well as other contact information; and if you are an agent or
attorney, the name, address and telephone number of the party or parties you represent.

[X] An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding
will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10)
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 and telephone
number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone
number of the party or parties you represent.

Economic Impact Statement: Check one box below:

[X] The agency has determined that an economic impact statement is not required for this rule, or

[] The concise summary of the economic impact statement required is attached.

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

Date Rule Proposed: January 15, 2008

Proposed Effective Date of Rule: January 15, 2008

Handwritten signature of Lee Harrell

Lee Harrell
Deputy Commissioner
Mississippi Insurance Department