

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Department of Insurance		CONTACT PERSON Stephanie L. Ganucheau	TELEPHONE NUMBER (601) 359-3577	
ADDRESS P.O. Box 79		CITY Jackson	STATE MS	ZIP 39205
EMAIL Stephanie.ganucheau@mid.state.ms.us	SUBMIT DATE 8-19-2011	Name or number of rule(s): Regulation F&C 90-101 : Continuing Education Regulation for Property and Casualty Insurance Agents		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: **Provisions in this rule superseded by Miss. Code Ann. § 83-17-1, et seq.**

Specific legal authority authorizing the promulgation of rule: **Miss. Code §83-5-1**

List all rules repealed, amended, or suspended by the proposed rule: **None.**

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

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

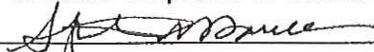
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.

<p align="center">TEMPORARY RULES</p> <p>____ Original filing ____ Renewal of effectiveness To be in effect in ____ days Effective date: ____ Immediately upon filing ____ Other (specify): _____</p>	<p align="center">PROPOSED ACTION ON RULES</p> <p>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): _____</p>	<p align="center">FINAL ACTION ON RULES</p> <p>Date Proposed Rule Filed: <u>7-11-11</u> Action taken: ____ Adopted with no changes in text ____ Adopted with changes ____ Adopted by reference ____ Withdrawn <input checked="" type="checkbox"/> Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing ____ Other (specify): _____</p>
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Printed name and Title of person authorized to file rules: **Stephanie L. Ganucheau, Special Asst. Atty. General**

Signature of person authorized to file rules: 

<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p>DO NOT WRITE BELOW THIS LINE</p> <p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px;"> <p align="center">FILED</p> <p align="center">AUG 19 2011</p> <p align="center">MISSISSIPPI SECRETARY OF STATE</p> </div> <p>Accepted for filing by CB 18018E</p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.