

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Insurance Department		CONTACT PERSON Phillips Strickland	TELEPHONE NUMBER 601-359-3574	
ADDRESS PO BOX 79		CITY Jackson	STATE MS	ZIP 39205
EMAIL phillips.strickland@mld.ms.gov	SUBMIT DATE 5/12/14	Name or number of rule(s): 19 Miss. Admin. Code, Part1, Chapter 24: Prescribing Mississippi Life and Health Insurance Guaranty Association Summary Document and Requiring Delivery of Summary Document to Policy or Contract Owner at Time of Delivery of Policy or Contract.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: During the 2014 regular session of the Mississippi Legislature, Senate Bill 2381 was passed. This bill alters Miss. Code Ann. § 83-23-201, et. seq., The Mississippi Life and Health Insurance Guaranty Association Act, to bring it into compliance with the most recent version of the National Association of Insurance Commissioners' Model Act. This amended regulation shall take effect immediately pursuant to Miss. Code Ann. §25-43-3.113(2)(b)(i), which authorizes an effective date earlier than thirty (30) days after its proper filing if required by statute. In this case, Senate Bill 2381 altered the foundational statute of the regulation with the statutory changes being effective upon passage of the bill. As such the amendment to this regulation shall be effective upon filing.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §83-23-227 and §83-23-235

List all rules repealed, amended, or suspended by the proposed rule: Miss. Admin. Code Title19- Part1- Chapter 24

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.

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: <u>4/15/2014</u> Action taken: _____ Adopted with no changes in text X _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing X _____ Other (specify): <u>5/12/2014</u>

Printed name and Title of person authorized to file rules: Phillips Strickland, Senior Attorney

Signature of person authorized to file rules: *Phillips Strickland*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by	Accepted for filing by <i>[Signature]</i> #20513

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