

Mississippi Secretary of State  
 125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi Insurance Department		CONTACT PERSON Corey Aiken, Staff Attorney	TELEPHONE NUMBER (601)359-3577	
ADDRESS P.O. Box 79		CITY Jackson	STATE MS	ZIP 39205
EMAIL corey.aiken@mid.ms.gov	SUBMIT DATE 11/12/14	Name or number of rule(s): Title 19, Part 101, Chapter 1: Rules and Regulations for Minimum Standards and Certification Board		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: **This Regulation amends existing 19 Miss. Admin. Code, Part 101, Chapter 1. This regulation would be effective January 1, 2015 as it is necessary due to public safety. Miss. Code. Ann. § 25-43-3.113 (2) (iv).**

Specific legal authority authorizing the promulgation of rule: **MCA §45-11-253**

List all rules repealed, amended, or suspended by the proposed rule: **Title 19, Part 101, Chapter 1.**

**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
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): January 1, 2015	Date Proposed Rule Filed: Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Corey Aiken, Staff Attorney

Signature of person authorized to file rules: *Corey Aiken*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	 Accepted for filing by #20891 <i>[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.