

**HEARING SUMMARY REPORT**Hearing Date: October 2, 2023 Today's Date: October 16, 2023Agency: **OHIO DEPARTMENT OF INSURANCE**Rule Number(s): 3901-1-14, 3901-1-58, 3901-5-10, 3901-5-11, 3901-6-01, 3901-6-03, 3901-6-05, 3901-6-08,  
~~3901-6-10, 3901-6-10.1, 3901-6-10.2, 3901-6-14, 3901-6-15, 3901-8-01, 3901-8-02, 3901-8-05,~~  
~~3901-8-07, 3901-8-11, 3901-8-16 (Amend)~~

If no comments at the hearing, please check the box.



List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

- 1.
- 2.
- 3.
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## **HEARING SUMMARY REPORT**

### **Consolidated Summary of Comments Received**

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

## **HEARING SUMMARY REPORT**

### **Incorporated Comments into Rules(s)**

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.