# Hearing Summary Report

Hearing Date:	October 2, 2023	_ Today's Date: _	October 16, 2023		
Agency: OHIO DEPARTMENT OF INSURANCE					
Rule Number(s):	3901-1-52, 3901-4-03, 390	1-6-02, 3901-8-06 (Res	scind to New)		
If no comments at	t the hearing, please ch	neck the box. $\boxed{\checkmark}$			
	or individuals giving o earing and indicate the		nony before, during or question.		
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# **HEARING SUMMARY REPORT**

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

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# **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.				