# Hearing Summary Report

_									
Agency: OHIO DEPARTMENT OF INSURANCE									
-									
List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.									

PAGE 1 of 3

## **HEARING SUMMARY REPORT**

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

paragra	aph of the	comments	and indicat	te the rule	number(s)	consolidated	Summary

### **HEARING SUMMARY REPORT**

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

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