

**HEARING SUMMARY REPORT**

Hearing Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Agency: **OHIO DEPARTMENT OF INSURANCE**

Rule Number(s): \_\_\_\_\_

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.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

## **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).

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### **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.