Hearing Summary Report HEARING SUMMARY REPORT

Hearing Date:	02/14/2025	_ Today's Date:	02/18/2025					
Agency: OHIO DEPARTMENT OF INSURANCE								
Rule Number(s):	3901-1-18							
If no comments at	t the hearing, please cl	heck the box.						
List organizations	or individuals giving o	or submitting testimo	ony before, during or					
	earing and indicate the							
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2.								
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PAGE 1 of 3

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Consolidated Summary of Comments Received

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

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Incorporated Comments into Rules(s)

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