Ohio Department of Insurance

BASE INVENTORY OF REGULATORY RESTRICTIONS

RULE NUMBER	DIVISION	REGULATORY RESTRICTION	DESCRIPTION OF REGULATORY RESTRICTION	STATUTE UNDER WHICH THE REGULATORY RESTRICTION WAS ADOPTED	IS THE REGULATORY RESTRICTION EXPRESSLY OR SPECIFICALLY REQUIRED BY STATE OR FEDERAL LAW?	IS A LAW CHANGE REQUIRED IN ORDER TO REMOVE THE RESTRICTION?
3901-1-01	(D)(1)	Shall	(1) Whenever an insurance company or any individual or firm connected therewith, subject to the regulation and jurisdiction of the department of insurance, is required to give public notice by any section of the Revised Code of Ohio, in which the method and content of notice are not set forth with particularity, such public notice shall be given in accord with paragraph (C) of this rule hereof.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-01	(D)(2)	Shall	(2) Such public notice shall include: (a) A synopsis or general statement of the subject matter involved. (b) An indication of the company's position, or action to be taken, regarding the subject of notice. (c) The date, time, and place of hearing, if any, or the effective date of action taken, or to be taken.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-01	(F)	Shall Not	(F) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-02	(A) through (H) (entire rule)	Other - prohibits an action	Access to confidential personal information	R.C. 1347.15; R.C. 3901.041: An exception under R.C. 121.95(E)(5)		
3901-1-01	(B)(1)	Shall	(1) Initial statements of beneficial ownership of equity securities shall be filed on Form I.S.S., as set forth in paragraph (C)(9) of this rule. Statements of changes in such beneficial ownership shall be filed on Form C.S.S., as set forth in paragraph (D)(11) of this rule. All such statements shall be prepared in accordance with the requirements of the applicable form and filed as required.	3901.041; 3901.31(H)	No, general rulemaking authority	No, general rulemaking authority
3901-1-05	(B)(2)(a)	Shall	(a) A statement on Form I.S.S. shall be filed by every person who is directly or indirectly the beneficial owner of more than ten per cent of any class of equity security of a domestic stock insurance company or who is a director or officer of such company.	3901.041; 3901.31(H)	No, general rulemaking authority	No, general rulemaking authority
3901-1-05	(B)(2)(b)	Require	(b) When section 3901.31 of the Revised Code became law, persons who held any of the relationships specified in paragraph (B)(2) of this rule were required to file a statement on Form I.S.S. on or before January 31, 1966. Persons who subsequently assume any of the specified relationships are required to file a statement within ten days after assuming such relationship.	3901.041; 3901.31(H)	No, general rulemaking authority	No, general rulemaking authority

3901-1-05	(B)(3)(a)	Shall	(a) A statement on Form C.S.S. shall be filed by every person who is directly or indirectly the beneficial owner of more than ten per cent of any class of equity security of a domestic stock insurance company or who is a director or officer of such company, who has filed a Form I.S.S. with the department, and who has during any month had any change in his beneficial ownership of any class of equity security of such company. Any beneficial owner, director, or officer who is required to file a statement on Form C.S.S. with respect to any change in his beneficial ownership of equity securities which occurs within six months after he became a beneficial owner, director, or officer of such company shall include in the first such statement the information called for by Form C.S.S. with respect to all changes in his beneficial ownership of equity securities of such company which occurred within six months prior to the filing of such statement.	3901.041; 3901.31(H)	No, general rulemaking authority	No, general rulemaking authority
3901-1-05	(B)(3)(b)	Shall	(b) A statement on Form C.S.S. shall be filed by any person who has ceased to be such beneficial owner, director, or officer of a domestic stock insurance company with respect to any change in his beneficial ownership of equity securities of such company which occurs on or after the date on which he ceased to be such beneficial owner, director, or officer if such change occurs within six months after any change in his beneficial ownership of such securities prior to such date.	3901.041; 3901.31(H)	No, general rulemaking authority	No, general rulemaking authority
3901-1-05	(B)(3)(c)	Shall	(c) Statements on Form C.S.S. which are required to be filed shall be filed on or before the tenth day after the end of each month in which any change in beneficial ownership has occurred. A separate statement shall be filed with respect to the securities of each domestic stock insurance company.	3901.041; 3901.31(H)	No, general rulemaking authority	No, general rulemaking authority
3901-1-05	(B)(4)	Shall	(4) Any person who has ceased to be a beneficial owner, director, or officer of a domestic stock insurance company shall give written notice to the superintendent of insurance of the date on which he ceased to be such beneficial owner, director, or officer within thirty days after said date.	3901.041; 3901.31(H)	No, general rulemaking authority	No, general rulemaking authority

3901-1-05	(C)	require	(C) Instructions - Form I.S.S.: Initial statement of beneficial ownership of equity securities (1) Where statements are to be filed (a) One signed, sworn to copy of each statement shall be filed with the Ohio department of insurance. (b) A statement is not deemed to have been filed in the office of the superintendent of insurance until it has actually been received by the department. (2) Relationship of reporting person to company. Indicate clearly the relationship of the reporting person to the company; for example, "director," "director and vice president," "beneficial owner of more than ten per cent of the company's common stock," etc. (3) Dates as of which beneficial ownership is to be given. The information as to beneficial ownership of securities shall be given as of the date on which the event occurred which requires the filing of a statement on this form; for example, when the person whose ownership is reported became a director or officer of the company or a beneficial owner of more than ten per cent of the company's equity securities. (4) Title of security The statement of the title of a security shall be such as clearly to identify the security even though there may be only one class; for example, "Class A Common," "5% Debentures Due 1965," etc. (5) Nature of ownership	3901.041; 3901.31(H)	No, general rulemaking authority	No, general rulemaking authority
3901-1-05	(D)	Other - requires an action	(D) Instruction - Form C.S.S.: Statement of changes in beneficial ownership of equity securities (1) Where statements are to be filed. (a) One signed, sworn to copy of each statement shall be filed with the Ohio department of insurance. (b) A statement is not deemed to have been filed in the office of the superintendent of insurance until it has actually been received by the department. (2) Relationship of reporting person to company. Indicate clearly the relationship of the reporting person to the company; for example, "director," "director and vice president," "beneficial owner of more than ten per cent of the company's common stock," etc. (3) Transactions and holdings to be reported. Every transaction shall be reported even though purchases and sales during the month are equal or the change involves only the nature of ownership; for example, from direct or indirect ownership. Beneficial ownership at the end of the month of all classes of securities required to be reported shall be shown even though there has been no change during the month in the ownership of securities of one or more classes. (4) Title of security. The statement of the title of the security shall be such as to clearly identify the security even though there may be only one class; for example, "Class A Common," "5% Debentures Due 1965," etc.	3901.041; 3901.31(H)	No, general rulemaking authority	No, general rulemaking authority

3901-1-05	(E)	Shall	Division (B) of section 3901.99 of the Revised Code provides that "Whoever violates any law relating to the superintendent of insurance, or any law of this state, relating to insurance as defined in division (A)(1) of section 3901.04 of the "Revised Code for the violation of which no penalty is otherwise provided in the Revised Code, shall be fined not more than twenty-five thousand dollars, imprisoned not more than six months, or both."	3901.041; 3901.31(H)	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(A)	Shall	"(A) Authority. Section 3901.041 of the Revised Code provides that the superintendent of insurance shall adopt, amend, and rescind rules and make adjudications necessary to discharge his duties and exercise his powers under Title 39 of the Revised Code."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(B)	Require	"(B) Purpose. Sections 3901.20 and 3901.21 of the Revised Code respectively prohibit unfair or deceptive practices in the business of insurance and define certain acts or practices as unfair or deceptive. Section 3901.21 of the Revised Code also provides that the enumeration of specific unfair or deceptive acts or practices in the business of insurance is not exclusive or restrictive or intended to limit the powers of the superintendent of insurance to adopt rules to implement that section. The purpose of this rule is to define certain additional unfair trade practices and to set forth required procedures in connection therewith."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(1)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (1) Knowingly mispresenting to claimants pertinent facts or policy provisions relating to coverage at issue; (a) Misrepresenting a pertinent policy provision by making any payment, settlement, or offer of first party benefits, which, without explanation, does not include all amounts which should be included according to the claim filed by the first party claimant and investigated by the insurer; (b) Denying a claim on the grounds of a specific policy provision, condition, or exclusion without reference to such provision, condition, or exclusion;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(2)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (2) Failing to acknowledge pertinent communications with respect to claims arising under insurance policies in writing, or by other means so long as an appropriate notation is made in the claim file of the insurer, within fifteen days of receiving notice of a claim in writing or otherwise;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(3)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (3) Failing to make an appropriate reply within twenty-one days of all other pertinent communications and/or any inquiries of the department of insurance respecting a claim;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-07	(C)(4)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (4) Failing to adopt and implement reasonable procedures to commence an investigation of any claim filed by either a first party or third party claimant, or by such claimant's authorized representative, within twenty-one days of receipt of notice of claim;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(5)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (5) Failing to mail or furnish claimant or the claimant's authorized representative, a notification of all items, statements and forms, if any, which the insurer reasonably believes will be required of such claimant, within fifteen days of receiving notice of claim, unless the insurer, based on the information then in its possession does not yet know all such requirements, then such notification shall be sent, within a reasonable time;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(6)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (6) Not offering first party or third party claimants, or their authorized representatives who have made claims which are fair and reasonable and in which liability has become reasonably clear, amounts which are fair and reasonable as shown by the insurer's investigation of the claim, providing the amounts so offered are within policy limits and in accordance with the policy provisions;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(7)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (7) Compelling insureds to institute suits to recover amounts due under its policies by offering substantially less then the amounts ultimately recovered in suits brought by them when such insureds have made claims for amounts reasonably similar to the amounts ultimately recovered;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(8)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (8) Making known to insureds or claimants a policy of appealing from arbitration awards in favor of insureds or claimants for the purpose of compelling them to accept settlements or compromises less than the amount awarded in arbitration;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(9)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (9) Attempting settlement or compromise of claims on the basis of applications which were altered without notice to, or knowledge, or consent of insureds;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-07	(C)(10)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (10) Attempting to settle or compromise claims for less than the amount which the insureds had been led reasonably to believe they were entitled to, by written or printed advertising material accompanying or made part of an application;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(11)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (11) Attempting to delay the investigation or payment of claims by requiring an insured and his physician to submit a preliminary claim report and then requiring the subsequent submission of formal proof of loss forms, both of which submissions contain substantially the same information;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(12)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (12) Failing to advise the first party claimant or the claimant's authorized representative, in writing or by other means so long as an appropriate notation is made in the claim file of the insurer, of the acceptance or rejection of the claim, within twenty-one days after receipt by the insurer of a properly executed proof of loss; (a) Failing to notify such claimant or the claimant's authorized representative, within twenty-one days after receipt of such proof of loss, that the insurer needs more time to determine whether the claim should be accepted or rejected; (b) Failing to send a letter to such claimant or, the claimant's authorized representative, stating the need for further time to investigate the claim, if such claim remains unsettled ninety days from the date of the initial letter setting forth the need for further time to investigate; (c) Failing to send to such claimant or authorized representative every ninety days after the first ninety-day claim investigation period, a letter setting forth the reasons additional time is needed for investigation, unless the delay is caused by factors beyond the insurer's control;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(13)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (13) Failing to advise such claimant or claimant's authorized representative, of the amount offered, if such claim is accepted in whole or in part;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(14)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (14) Refusing payments of claims solely on the basis of the insured's request to do so without making an independent evaluation of the insured's liability based upon all available information;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-07	(C)(15)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (15) Failing to adopt and implement reasonable standards for the proper handling of written communications, primarily expressing grievances, received by the insurer from insureds or claimants;"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(16)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (16) Failing to pay any amount finally agreed upon in settlement of all or part of any claim or authorized repairs to be made upon final agreement not later than five days from the receipt of such agreement by the insurer at the place from which the payment or authorization is to be made or from the date of the performance by the claimant of any condition set by such agreement, whichever is later."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(C)(17)	Shall	"(C) Defined unfair practices. It shall be deemed an unfair or deceptive practice to commit or perform with such frequency as to indicate a general business practice any of the following: (17) For purposes of this rule, the following definitions shall apply; (a) "Investigation" shall mean all activities of the company related directly or indirectly to the determining of liabilities under the coverages afforded by the policy. This shall include, but not be limited to, a bona fide effort to contact all insureds and claimants within a reasonable period after notification of loss. Evidence of a bona fide effort must be maintained in the file. The investigation shall be deemed concluded upon the company's affirmation or denial ofliability. (b) "Notice of Claim" as applied to an insurer shall include notification given to an agent of an insurer. (c) "Settlement of claims" shall mean all activities of the company related directly or indirectly to the determination of the extent of damages due under coverages afforded by the policy. This shall include, but not be limited to, the requiring or preparing of repair estimates. (d) "Days" means calendar days. However, when the last day of a time limit stated in this rule falls on a Saturday, Sunday or holiday, the time limit is extended to the next immediate following day that is not a Saturday, Sunday or holiday."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-07	(D)	Shall	"(D) Severability. If any paragraph, term, or provision of this rule be adjudged invalid for any reason, such judgment shall not affect, impair, or invalidate any other paragraph, term, or provision of this rule, but the remaining paragraphs, terms, and provisions shall be in and continue in full force and effect."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-08	(A)	Prohibit	"(A) Purpose. The purpose of this rule is to further define unfair trade practices to include dishonest and predatory practices involving the sale of certain life insurance products to active duty members of the United States armed forces and their families and to set acceptable standards for such sales. Sections 3901.20 and 3901.21 of the Revised Code, respectively, prohibit unfair or deceptive trade practices in the business of insurance and define certain acts or practices as unfair or deceptive. Section 3901.21 of the Revised Code also provides that the enumeration of specific unfair or deceptive acts or practices in the business of insurance is not exclusive or restrictive or intended to limit the powers of the superintendent of insurance to adopt rules to implement that section."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-08	(C)	Shall	"(C) No private cause of action. Nothing herein shall be construed to create or imply a private cause of action for a violation of this rule."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-08	(E)	Shall Not	"(E) Exemptions. (1) This rule shall not apply to solicitations or sales involving: (a) Credit insurance; (b) Group life insurance or group annuities where there is no in-person, face-to-face solicitation of individuals by an insurance agent or where the contract or certificate does not include a side fund; (c) An application to the existing insurer that issued the existing policy or contract when a contractual change or a conversion privilege is being exercised; or, when the existing policy or contract is being replaced by the same insurer pursuant to a program filed with and approved by the superintendent; or, when a term conversion privilege is exercised among corporate affiliates; (d) Individual stand-alone health policies, including disability income policies; (e) Contracts offered by "Service members' Group Life Insurance" (SGLI) or "Veterans' Group Life Insurance" (VGLI), as authorized by 38 U.S.C. sections 1965 to 1979; (f) Life insurance contracts offered through or by a non-profit military association, qualifying under section 501(c)(23) of the "Internal Revenue Code" (IRC), and which are not underwritten by an insurer; or (g) Contracts used to fund: (i) An employee pension or welfare benefit plan that is covered by the "Employee Retirement and Income Security Act" (ERISA); (ii) A plan described by section 401(a), 401(k), 403(b), 408(k) or 408(p) of the IRC, as amended, if established or maintained by an employer; (iii) A government or church plan defined in section 414 of the IRC, a government or church welfare benefit plan, or a deferred compensation	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-08	(E)	Shall	"(2) Nothing herein shall be construed to abrogate the ability of nonprofit organizations (and/or other organizations) to educate members of the "United States Armed Forces" in accordance with "Department of Defense DoD Instruction 1344.07 - Personal Commercial Solicitation on DoD Installations" or successor directive."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-08	(E)	Shall Not	"(3) For purposes of this rule, general advertisements, direct mail and internet marketing shall not constitute "solicitation." Telephone marketing shall not constitute "solicitation" provided the caller explicitly and conspicuously discloses that the product concerned is life insurance and makes no statements that avoid a clear and unequivocal statement that life insurance is the subject matter of the solicitation. However, nothing in this subdivision shall be construed to exempt an insurer or insurance agent from this rule in any in-person, face-to-face meeting established as a result of the "solicitation" exemptions identified in this subdivision."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-08	(G)(1)	Prohibit	"(G) Practices declared false, misleading, deceptive or unfair on a military installation. (1) The following acts or practices, when committed on a military installation by an insurer or insurance agent with respect to the in-person, face-to-face solicitation of life insurance, are declared to be false, misleading, deceptive or unfair: (a) Knowingly soliciting the purchase of any life insurance product "door to door" or without first establishing a specific appointment for each meeting with the prospective purchaser. (b) Soliciting service members in a group or "mass" audience or in a "captive" audience where attendance is not voluntary. (c) Knowingly making appointments with or soliciting service members during their normally scheduled duty hours. (d) Making appointments with or soliciting service members in barracks, day rooms, unit areas, or transient personnel housing or other areas where the installation commander has prohibited solicitation. (e) Soliciting the sale of life insurance without first obtaining permission from the installation commander or the commander's designee. (f) Posting unauthorized bulletins, notices or advertisements. (g) Failing to present "DD Form 2885, Personal Commercial Solicitation Evaluation," to service members solicited or encouraging service members solicited not to complete or submit a "DD Form 2885." (h) Knowingly accepting an application for life insurance or issuing a policy of life insurance on the life of an enlisted member of the United States armed forces without first obtaining, for the insurer's files, a completed copy of any	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-08	(G)(2)	Other - prohibits an action	"(2) The following acts or practices when committed on a military installation by an insurer or insurance agent constitute corrupt practices, improper influences or inducements and are declared to be false, misleading, deceptive or unfair: (a) Using "DoD" personnel, directly or indirectly, as a representative or agent in any official or business capacity, with or without compensation, with respect to the solicitation or sale of life insurance to service members. (b) Using an insurance agent to participate in any United States armed forces sponsored education or orientation program."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-08	(H)(1)	Prohibit	"(H) Practices declared false, misleading, deceptive or unfair regardless of location. (1) The following acts or practices by an insurer or insurance agent constitute corrupt practices, improper influences or inducements and are declared to be false, misleading, deceptive or unfair: (a) Submitting, processing or assisting in the submission or processing of any allotment form or similar device used by the United States armed forces to direct a service member's pay to a third party for the purchase of life insurance. The foregoing includes, but is not limited to, using or assisting in using a service member's "MyPay" account or other similar internet or electronic medium for such purposes. This paragraph does not prohibit assisting a service member by providing insurer or premium information necessary to complete any allotment form. (b) Knowingly receiving funds from a service member for the payment of premium from a depository institution with which the service member has no formal banking relationship. For purposes of this rule, a "formal banking relationship" is established when the depository institution: (i) Provides the service member a deposit agreement and periodic statements and makes the disclosures required by the "Truth in Savings Act," 12 U.S.C. sections 4301 to 4313 (1992) and the rules promulgated thereunder; and (ii) Permits the service member to make deposits and withdrawals unrelated to the payment or processing of insurance premiums. (c) Employing any device or method or entering into any agreement whereby funds	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-08	(H)(2)	Prohibit	"(2) The following acts or practices by an insurer or insurance agent lead to confusion regarding source, sponsorship, approval or affiliation and are declared to be false, misleading, deceptive or unfair: (a) Making any representation, or using any device, title, descriptive name or identifier that has the tendency or capacity to confuse or mislead a service member into believing that the insurer, insurance agent or product offered is affiliated, connected or associated with, endorsed, sponsored, sanctioned or recommended by the U.S. government, the "United States Armed Forces," or any state or federal agency or government entity. Examples of prohibited insurance agent titles include, but are not limited to, "Battalion Insurance Counselor," "Unit Insurance Advisor," "Servicemen's Group Life Insurance Conversion Consultant" or "Veteran's Benefits Counselor." Nothing herein shall be construed to prohibit a person from using a professional designation awarded after the successful completion of a course of instruction in the business of insurance by an accredited institution of higher learning. Such designations include, but are not limited to, "Chartered Life Underwriter" (CLU), "Chartered Financial Consultant" (ChFC), "Certified Financial Planner" (CFP), "Master of Science In Financial Services" (MSFS), or "Masters of Science Financial Planning" (MS). (b) Soliciting the purchase of any life insurance product through the use of or in conjunction with any third party organization that promotes the welfare of or assists members of the United States armed	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-08	(H)(3)	Other - prohibits an action	"(3) The following acts or practices by an insurer or insurance agent lead to confusion regarding premiums, costs or investment returns and are declared to be false, misleading, deceptive or unfair: (a) Using or describing the credited interest rate on a life insurance policy in a manner that implies that the credited interest rate is a net return on premium paid. (b) Excluding individually issued annuities, misrepresenting the mortality costs of a life insurance product, including stating or implying that the product "costs nothing" or is "free."""	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-08	(H)(4)	Other - prohibits an action	"(4) The following acts or practices by an insurer or insurance agent regarding SGLI or VGLI are declared to be false, misleading, deceptive or unfair: (a) Making any representation regarding the availability, suitability, amount, cost, exclusions or limitations to coverage provided to a service member or dependents by SGLI or VGLI, which is false, misleading or deceptive. (b) Making any representation regarding conversion requirements, including the costs of coverage, or exclusions or limitations to coverage of SGLI or VGLI to private insurers, which is false, misleading or deceptive. (c) Suggesting, recommending or encouraging a service member to cancel or terminate his or her SGLI policy or issuing a life insurance policy which replaces an existing SGLI policy unless the replacement shall take effect upon or after the service member's separation from the United States armed forces."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-08	(H)(5)	Other - prohibits an action	"(5) The following acts or practices by an insurer and or insurance agent regarding disclosure are declared to be false, misleading, deceptive or unfair: (a) Deploying, using or contracting for any lead generating materials designed exclusively for use with service members that do not clearly and conspicuously disclose that the recipient will be contacted by an insurance agent, if that is the case, for the purpose of soliciting the purchase of life insurance. (b) Failing to disclose that a solicitation for the sale of life insurance will be made when establishing a specific appointment for an in-person, face-to-face meeting with a prospective purchaser. (c) Excluding individually issued annuities, failing to clearly and conspicuously disclose the fact that the product being sold is life insurance. (d) Failing to make, at the time of sale or offer to an individual known to be a service member, the written disclosures required by section 10 of the "Military Personnel Financial Services Protection Act," Pub. L. No. 109-290, p.16 or as amended. (e) Excluding individually issued annuities, when the sale is conducted in-person face-to-face with an individual known to be a service member, failing to provide the applicant at the time the application is taken: (i) An explanation of any free look period with instructions on how to cancel if a policy is issued; and (ii) Either a copy of the application or a written disclosure. The copy of the application or the written disclosure shall clearly and concisely set out the type of life insurance, the death benefit applied for and its expected first year cost. A basic illustration that meets the requirements of rule 3901-6-	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-08	(H)(6)	Other - prohibits an action	"(6) The following acts or practices by an insurer or insurance agent with respect to the sale of certain life insurance products are declared to be false, misleading, deceptive or unfair: (a) Excluding individually issued annuities, recommending the purchase of any life insurance product, which includes a side fund, to a service member in pay grades E-4 and below unless the insurer has reasonable grounds for believing that the life insurance death benefit, standing alone, is suitable. (b) Offering for sale or selling a life insurance product, which includes a side fund, to a service member in pay grades E-4 and below who is currently enrolled in SGLI, is presumed unsuitable unless, after the completion of a needs assessment, the insurer demonstrates that the applicant's SGLI death benefit, together with any other military survivor benefits, savings and investments, survivor income, and other life insurance, are insufficient to meet the applicant's insurable needs for life insurance. (i) "Insurable needs" are the risks associated with premature death taking into consideration the financial obligations and immediate and future cash needs of the applicant's estate and/or survivors or dependents. (ii) "Other military survivor benefits" include, but are not limited to: the "Death Gratuity," "Funeral Reimbursement," "Transition Assistance," "Survivor and Dependents' Educational Assistance," "Dependency and Indemnity Compensation," TRICARE healthcare benefits, "Survivor Housing Benefits and Allowances," "Federal Income Tax Forgiveness," and "Social Security Survivor	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-08	(I)	Shall	"(I) Severability. If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(C)	Shall	"The definitions set forth in this rule shall govern the construction of the terms used in this rule:"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(D)	Shall Not	(D) Capital and surplus. A mortgage guaranty insurance company shall not transact the business of mortgage guaranty insurance in the state of Ohio unless: if a stock insurance company, it has capital and surplus in the aggregate amount of not less than two million five hundred thousand dollars, which aggregate shall include paid-in capital of not less than one million and contributed surplus of not less than one million or if a mutual insurance company, a minimum surplus of two million five hundred thousand dollars."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(E)(1)	Shall	"(E) Limitations and restrictions on transacting business. (1) Mortgage guaranty insurance may be transacted in this state by insurers fulfilling the requirements of paragraph (E)(6) of this rule and holding a certificate of authority for the transaction of such insurance pursuant to Title XXXIX of the Revised Code and shall be written only to insure loans secured by authorized real estate securities as defined in paragraph (C)(2) of this rule."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-13	(E)(2)	Shall Not	"(E) Limitations and restrictions on transacting business. (2) Geographic concentration. (a) A mortgage guaranty insurance company shall not insure loans secured by a single risk in excess of ten per cent of the company's aggregate capital, surplus and contingency reserve. (b) No mortgage guaranty insurance company shall have more than twenty per cent of its total insurance in force in any one standard metropolitan statistical areas ("SMSA") as defined by the United States department of commerce."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(E)(3)	Shall	"(E) Limitations and restrictions on transacting business. (3) Advertising. No mortgage guaranty insurance company or any agent or representative of a mortgage guaranty insurance company shall prepare or distribute or assist in preparing or distributing any brochure, pamphlet, report or any form of advertising to the effect that the real estate investments of any financial institution are "insured investments," unless the brochure, pamphlet, report or advertising clearly states that the loans are insured by mortgage guaranty insurance companies authorized to transact the business of mortgage guaranty insurance in the state of Ohio or are insured by an agency of the federal government, as the case may be."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(E)(4)	Shall Not	"(E) Limitations and restrictions on transacting business. (4) Investment limitation. A mortgage guaranty insurance company shall not invest in notes or other evidences of indebtedness secured by a mortgage or other lien upon real property. This section shall not apply to obligations secured by real property or contracts for the sale of real property, which obligations or contracts of sale are acquired in the course of the good faith settlement of claims under policies of insurance issued by the mortgage guaranty insurance company, or in the good faith disposition of real property so acquired."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(E)(5)	Shall	"(E) Limitations and restrictions on transacting business. (5) Coverage limitation. (a) A mortgage guaranty insurance company shall limit its coverage, with respect to any one authorized real estate security, net of reinsurance, ceded to a reinsurer unaffiliated with the company or an affiliated reinsurer which does not own, and is not owned by, in whole or in part, the ceding mortgage guaranty insurer, to a maximum of twenty-five per cent of the entire indebtedness to the insured under that authorized real estate security. In lieu thereof, a mortgage guaranty insurance company may elect to pay the entire indebtedness to the insured and acquire title to the authorized real estate security. (b) The coverage limits set out in paragraph (E)(5)(a) of this rule shall not apply to a mortgage guaranty insurance company that possesses capital and surplus in excess of twenty-five million dollars."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-13	(E)(6)	May Not	"(E) Limitations and restrictions on transacting business. (6) Mortgage guaranty insurance as monoline. (a) A mortgage guaranty insurance company which anywhere transacts any class of insurance other than mortgage guaranty insurance is not eligible to transact mortgage guaranty insurance in the state of Ohio. (b) A mortgage guaranty insurance company which anywhere transacts the classes of insurance defined in paragraph (C)(1)(b) or (C)(1)(c) of this rule may not transact in the state of Ohio the class of mortgage guaranty insurance defined in paragraph (C)(1)(a) of this rule, provided, however, a mortgage guaranty insurance company which transacts a class of insurance defined in paragraph (C)(1)(a) of this rule may write up to five per cent of its insurance in force on residential property designed for occupancy by five or more families."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(E)(7)	Shall	"(E) Limitations and restrictions on transacting business. (7) Underwriting discrimination. (a) Nothing in this rule shall be construed as limiting the right of any mortgage guaranty insurance company to impose reasonable requirements upon the lender with regard to the terms of any note or bond or other evidence of indebtedness secured by a mortgage or deed of trust, such as requiring a stipulated down payment by the borrower. (b) No mortgage guaranty insurance company may discriminate in the issuance or extension of mortgage guaranty insurance on the basis of sex, marital status, race, color, creed, national origin, physical handicap or mental handicap. (c) No policy of mortgage guaranty insurance, excluding policies of reinsurance, shall be written unless and until the insurer itself or the lender, in compliance with underwriting directives from the insurer and subject to periodic underwriting audits by the insurer, shall have conducted a reasonable and thorough examination of the evidence supporting credit worthiness of the borrower and the appraisal report reflecting market evaluation of the property and shall have determined that prudent underwriting standards have been met."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-13	(E)(8)(a)	Shall	"(E) Limitations and restrictions on transacting business. (8) Policy forms and premium rates filed. (a) All policy forms and endorsements, and rates to be charged and the premium including all modifications of rates and premiums to be paid by the policyholder shall be filed with and subject to the provisions of sections 3937.01 to 3937.18 of the Revised Code. With respect to owner-occupied, single-family dwellings or owner-occupied two family dwellings, the mortgage guaranty insurance policy shall provide that the borrower shall not be liable to the insurance company for any deficiency arising from a foreclosure sale. (b) Every mortgage guaranty insurance company shall adopt, print and make available a schedule of premium charges for mortgage guaranty insurance policies. Premium charges made in conformity with the provisions of this rule shall not be deemed to be of interest or other charges under any other provision of law limiting interest or other charges in connection with mortgage loans. The schedule shall show the entire amount of premium charge for each type of mortgage guaranty insurance policy issued by the insurance company."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(E)(8)(a)	Shall	"(E) Limitations and restrictions on transacting business. (8) Policy forms and premium rates filed. (a) All policy forms and endorsements, and rates to be charged and the premium including all modifications of rates and premiums to be paid by the policyholder shall be filed with and subject to the provisions of sections 3937.01 to 3937.18 of the Revised Code. With respect to owner-occupied, single-family dwellings or owner-occupied two family dwellings, the mortgage guaranty insurance policy shall provide that the borrower shall not be liable to the insurance company for any deficiency arising from a foreclosure sale. (b) Every mortgage guaranty insurance company shall adopt, print and make available a schedule of premium charges for mortgage guaranty insurance policies. Premium charges made in conformity with the provisions of this rule shall not be deemed to be of interest or other charges under any other provision of law limiting interest or other charges in connection with mortgage loans. The schedule shall show the entire amount of premium charge for each type of mortgage guaranty insurance policy issued by the insurance company."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-13	(E)(8)(b)	Shall	"(E) Limitations and restrictions on transacting business. (8) Policy forms and premium rates filed. (a) All policy forms and endorsements, and rates to be charged and the premium including all modifications of rates and premiums to be paid by the policyholder shall be filed with and subject to the provisions of sections 3937.01 to 3937.18 of the Revised Code. With respect to owner-occupied, single-family dwellings or owner-occupied two family dwellings, the mortgage guaranty insurance policy shall provide that the borrower shall not be liable to the insurance company for any deficiency arising from a foreclosure sale. (b) Every mortgage guaranty insurance company shall adopt, print and make available a schedule of premium charges for mortgage guaranty insurance policies. Premium charges made in conformity with the provisions of this rule shall not be deemed to be of interest or other charges under any other provision of law limiting interest or other charges in connection with mortgage loans. The schedule shall show the entire amount of premium charge for each type of mortgage guaranty insurance policy issued by the insurance company."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(E)(8)(b)	Shall	"(E) Limitations and restrictions on transacting business. (8) Policy forms and premium rates filed. (a) All policy forms and endorsements, and rates to be charged and the premium including all modifications of rates and premiums to be paid by the policyholder shall be filed with and subject to the provisions of sections 3937.01 to 3937.18 of the Revised Code. With respect to owner-occupied, single-family dwellings or owner-occupied two family dwellings, the mortgage guaranty insurance policy shall provide that the borrower shall not be liable to the insurance company for any deficiency arising from a foreclosure sale. (b) Every mortgage guaranty insurance company shall adopt, print and make available a schedule of premium charges for mortgage guaranty insurance policies. Premium charges made in conformity with the provisions of this rule shall not be deemed to be of interest or other charges under any other provision of law limiting interest or other charges in connection with mortgage loans. The schedule shall show the entire amount of premium charge for each type of mortgage guaranty insurance policy issued by the insurance company."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(E)(9)(a)	Shall Not	"(E) Limitations and restrictions on transacting business. (9) Outstanding total liability. (a) A mortgage guaranty insurance company shall not at any time have outstanding a total liability, net of reinsurance, under its aggregate mortgage guaranty insurance policies exceeding twenty-five times its capital, surplus and contingency reserve. In the event that any mortgage guaranty insurance company has outstanding total liability exceeding twenty-five times its capital, surplus and contingency reserve, it shall cease transacting new mortgage guaranty business until such time as its total liability no longer exceeds twenty-five times its capital, surplus and contingency reserve."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-13	(E)(9)(b)	Must	"(E) Limitations and restrictions on transacting business. (9) Outstanding total liability. (b) The superintendent, in the superintendent's sole discretion, may permit a temporary exception to the requirement set out in paragraph (E)(9)(a) of this rule at the written request of a mortgage guaranty insurer upon a finding that the mortgage guaranty insurer's policyholders position is reasonable in relationship to the mortgage guaranty insurer's aggregate insured risk and adequate to its financial needs. The request must be made in writing at least ninety days in advance of the date that the mortgage guaranty insurer expects to exceed the requirements of paragraph (E)(9) (a) of this rule and shall, at a minimum, address the factors specified in paragraph (E)(9)(c) of this rule, provided, however, that a mortgage guaranty insurance company may submit a request for such exception within ten days after the effective date of this rule as amended and shall be deemed to have complied with the ninety day requirement in paragraph (E)(9)(b) of this rule."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(E)(9)(c)	Shall	"(E) Limitations and restrictions on transacting business. (9) Outstanding total liability. (c) In determining whether a mortgage guaranty insurer's policyholders position is reasonable in relation to the mortgage guaranty insurer's aggregate insured risk and adequate to its financial needs, the superintendent shall consider all of the following: (i) The size of the mortgage guaranty insurer as measured by its assets, capital and surplus, reserves, premium writings, insurance in force and other criteria as deemed appropriate by the superintendent. (ii) The extent to which the mortgage guaranty insurer's business is diversified across time, geography, credit quality, origination, and distribution channels. (iii) The nature and extent of the mortgage guaranty insurer's reinsurance program. (iv) The quality, diversification, and liquidity of the mortgage guaranty insurer's assets and its investment portfolio. (v) The historical and forecasted trend in the size of the mortgage guaranty insurer's policyholder's position. (vi) The policyholder's position maintained by other comparable mortgage guaranty insurers in relation to the nature of their respective insured risks. (vii) The adequacy of the mortgage guaranty insurer's reserves. (viii) The quality and liquidity of investments in affiliates. The superintendent may treat any such investment as a non-admitted asset for purposes of determining the adequacy of surplus as regards policyholders. (ix) The quality of the mortgage guaranty insurer's earnings and the extent to which the reported earnings of the mortgage guaranty			
3901-1-13	(E)(9)(d)	Shall	"(E) Limitations and restrictions on transacting business. (9) Outstanding total liability. (d) The superintendent may retain accountants, actuaries, or other experts to assist the superintendent in the review of the mortgage guaranty insurer's request submitted pursuant to paragraph (E)(9)(b) of this rule. The mortgage guaranty insurer shall bear the cost of retaining such experts."			

3901-1-13	(E)(9)(e)	Shall	"(E) Limitations and restrictions on transacting business. (9) Outstanding total liability. (e) Any waiver shall be for a specified time, not to exceed two years and shall be subject to any terms and conditions imposed by the superintendent, in the superintendent's sole discretion. The superintendent shall not grant a waiver that extends beyond October 1, 2014."			
3901-1-13	(E)(10)	Shall	"(E) Limitations and restrictions on transacting business. (10) High risk underwriting. Any mortgage guaranty insurance company which receives five per cent or more of its net annual premium from policies written to insure loans secured by authorized real estate securities having a greater than ninety-five per cent loan-to-value ratio shall notify the superintendent within thirty days. The superintendent may, if the superintendent finds that further underwriting of loans having a greater than ninety-five per cent loan-to-value ratio would have an adverse impact on the solvency of the company, prohibit the company from further underwriting such loans."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(F)(1)(a)	Shall Not	"(F) Rebates, commissions, charges and conflict of interest. (1) Rebates, commissions and charges. (a) A mortgage guaranty insurance company shall not pay or cause to be paid either directly or indirectly, to any owner, purchaser, lessor, lessee, mortgagee or prospective mortgagee of the real property which secures the authorized real estate security or which is the fee of an insured lease, or any interest therein, or any person who is acting as an agent, representative, attorney or employee of such owner, purchaser or mortgagee, any commission, or any part of its premium charges or any other consideration as an inducement for or as compensation on any mortgage guaranty insurance business."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(F)(1)(b)	Shall Not	"(F) Rebates, commissions, charges and conflict of interest. (1) Rebates, commissions and charges. (b) In connection with the placement of any mortgage guaranty insurance, a mortgage guaranty insurance company shall not cause or permit any commission, fee, remuneration, or other compensation to be paid to, or received by, any insured lender or lessor; any subsidiary or affiliate of any insured; any officer, director or employee of any insured or any member of their immediate family; any corporation, partnership, trust, trade association in which any insured or any such officer, director, or employee or member of their immediate family has a financial interest; or any designee, trust, nominee, or other agent or representative of any of the foregoing."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-13	(F)(1)(c)	Shall	"(F) Rebates, commissions, charges and conflict of interest. (1) Rebates, commissions and charges. (c) No mortgage guaranty insurance company shall make any rebate of any portion of the premium charge shown by the schedule required by paragraph (E)(8)(b) of this rule. No mortgage guaranty insurance company shall quote any rate or premium charge to any person which is different than that currently available to others for the same type of coverage. The amount by which any premium charge is less than that called for by the current schedule of premium charges is an unlawful rebate."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(F)(2)(a)	Shall Not	"(F) Rebates, commissions, charges and conflict of interest. (2) Conflict of interest. (a) If a member of a holding company system, a mortgage guaranty insurance company licensed to transact business in this state shall not knowingly underwrite mortgage guaranty insurance on mortgages originated by the holding company system or an affiliate or on mortgages originated by any mortgage lender to which credit is extended, directly or indirectly, by the holding company system or any affiliate unless such insurance is underwritten on the same basis, for the same consideration and subject to the same insurability requirements as insurance provided to nonaffiliated lenders. (i) Any mortgage guaranty insurance company which receives, in the aggregate, twenty per cent of more of its net annual premium from policies written to insure mortgages originated by affiliates in the holding company system shall, concurrent with the filing of its annual statement, notify the superintendent of that fact. (ii) The superintendent may, if the superintendent finds that further underwriting of policies issued on said loans would have an adverse impact on the solvency of the company, prohibit the mortgage guaranty insurance company for further underwriting such loans. (b) A mortgage guaranty insurance company, the holding company system of which it is a part or any affiliate shall not pay any commission, remuneration, rebates or engage in activities proscribed in paragraph (F)(1) of this rule."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-13	(F)(2)(a)(i)	Shall	"(F) Rebates, commissions, charges and conflict of interest. (2) Conflict of interest. (a) If a member of a holding company system, a mortgage guaranty insurance company licensed to transact business in this state shall not knowingly underwrite mortgage guaranty insurance on mortgages originated by the holding company system or an affiliate or on mortgages originated by any mortgage lender to which credit is extended, directly or indirectly, by the holding company system or any affiliate unless such insurance is underwritten on the same basis, for the same consideration and subject to the same insurability requirements as insurance provided to nonaffiliated lenders. (i) Any mortgage guaranty insurance company which receives, in the aggregate, twenty per cent of more of its net annual premium from policies written to insure mortgages originated by affiliates in the holding company system shall, concurrent with the filing of its annual statement, notify the superintendent of that fact. (ii) The superintendent may, if the superintendent finds that further underwriting of policies issued on said loans would have an adverse impact on the solvency of the company, prohibit the mortgage guaranty insurance company for further underwriting such loans. (b) A mortgage guaranty insurance company, the holding company system of which it is a part or any affiliate shall not pay any commission, remuneration, rebates or engage in activities proscribed in paragraph (F)(1) of this rule."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(F)(2)(a)(ii)	Prohibit	"(F) Rebates, commissions, charges and conflict of interest. (2) Conflict of interest. (a) If a member of a holding company system, a mortgage guaranty insurance company licensed to transact business in this state shall not knowingly underwrite mortgage guaranty insurance on mortgages originated by the holding company system or an affiliate or on mortgages originated by any mortgage lender to which credit is extended, directly or indirectly, by the holding company system or any affiliate unless such insurance is underwritten on the same basis, for the same consideration and subject to the same insurability requirements as insurance provided to nonaffiliated lenders. (i) Any mortgage guaranty insurance company which receives, in the aggregate, twenty per cent of more of its net annual premium from policies written to insure mortgages originated by affiliates in the holding company system shall, concurrent with the filing of its annual statement, notify the superintendent of that fact. (ii) The superintendent may, if the superintendent finds that further underwriting of policies issued on said loans would have an adverse impact on the solvency of the company, prohibit the mortgage guaranty insurance company for further underwriting such loans. (b) A mortgage guaranty insurance company, the holding company system of which it is a part or any affiliate shall not pay any commission, remuneration, rebates or engage in activities proscribed in paragraph (F)(1) of this rule."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-13	(F)(2)(b)	Shall Not	"(F) Rebates, commissions, charges and conflict of interest. (2) Conflict of interest. (a) If a member of a holding company system, a mortgage guaranty insurance company licensed to transact business in this state shall not knowingly underwrite mortgage guaranty insurance on mortgages originated by the holding company system or an affiliate or on mortgages originated by any mortgage lender to which credit is extended, directly or indirectly, by the holding company system or any affiliate unless such insurance is underwritten on the same basis, for the same consideration and subject to the same insurability requirements as insurance provided to nonaffiliated lenders. (i) Any mortgage guaranty insurance company which receives, in the aggregate, twenty per cent of more of its net annual premium from policies written to insure mortgages originated by affiliates in the holding company system shall, concurrent with the filing of its annual statement, notify the superintendent of that fact. (ii) The superintendent may, if the superintendent finds that further underwriting of policies issued on said loans would have an adverse impact on the solvency of the company, prohibit the mortgage guaranty insurance company for further underwriting such loans. (b) A mortgage guaranty insurance company, the holding company system of which it is a part or any affiliate shall not pay any commission, remuneration, rebates or engage in activities proscribed in paragraph (F)(1) of this rule."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(G)(1)	Shall	"(G) Reserves. (1) Unearned premium reserves. A mortgage guaranty insurance company shall compute and maintain an unearned premium reserve as required by the superintendent of insurance."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(G)(2)	Shall	"(G) Reserves. (2) Loss reserve. A mortgage guaranty insu	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(G)(3)	Shall	"(3) Contingency reserve. Each mortgage guaranty insurar	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(G)(3)	Shall	"(3) Contingency reserve. Each mortgage guaranty insurar	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(G)(3)	Shall	"(3) Contingency reserve. Each mortgage guaranty insurar	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(G)(3)	Shall	"(3) Contingency reserve. Each mortgage guaranty insurar	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(G)(3)	Shall	"(3) Contingency reserve. Each mortgage guaranty insurar	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(H)	Shall	"(H) Reinsurance. Whenever a mortgage guaranty insuran	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(I)(1)	Shall	"(I) Miscellaneous. (1) Whenever the laws of any other jurisdiction in which a mortgage guaranty insurance company subject to the requirement of this rule is also licensed to transact mortgage guaranty insurance require a larger unearned premium reserve or contingency reserve in the aggregate than that set forth herein, the establishment of such larger unearned premium reserve or contingency reserve in the aggregate shall be deemed to be in compliance with this rule."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-13	(I)(2)	Shall	"(I) Miscellaneous. (2) Unearned premium reserves and contingency reserves shall be computed and maintained on risks insured after the effective date of this rule as required by paragraphs (G)(1) and (G)(3) of this rule. Unearned premium reserves and contingency reserves on risks insured before the effective date of this rule may be computed and maintained as required previously."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-13	(J)	Shall Not	"(J) Severability. If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(C)	Shall	This rule is issued pursuant to Chapter 3918. of the Revised Code regulating credit life insurance and credit accident and health insurance and is applicable to all policies, riders, applications for insurance, notices of proposed insurance, certificates of insurance and endorsements providing credit life insurance and credit accident and health insurance issued or renewed on or after November 1, 1983 in the state of Ohio. Certificates, notices of proposed insurance and premium rates applicable in connection with existing group policies of credit insurance shall be conformed to the requirements of this rule not later than the anniversary date of the group policy next following the effective date of this rule. No existing group credit life or group credit accident and health policy presently in force in Ohio will be rewritten or redated so as to delay or avoid the effect of this rule. Any policy issued to replace an existing policy of credit insurance or any amendment to any existing policy of credit insurance shall be ignored for the purpose of determining the anniversary if such change is made after July 1, 1983.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(C)	Shall	Certificates, notices of proposed insurance and premium rates applicable in connection with existing group policies of credit insurance shall be conformed to the requirements of this rule not later than the anniversary date of the group policy next following the effective date of this rule.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(C)	Other - prohibits an action	No existing group credit life or group credit accident and health policy presently in force in Ohio will be rewritten or redated so as to delay or avoid the effect of this rule.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(D)	Shall	Section 3918.07 of the Revised Code provides that all policies, certificates of insurance, notices of proposed insurance, applications for insurance, endorsements and riders providing coverage on residents of Ohio shall be filed with the superintendent of insurance and that he may disapprove any such form.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(D)(1)	Other - prohibits an action	(1) No individual or group policy of credit life insurance or credit accident and health insurance shall be issued for delivery in this state, and no application, binder, endorsement, rider, certificate of group insurance, notice of proposed insurance, or other form pertaining to credit life insurance or credit accident and health insurance under such policy shall be issued for delivery or used in this state, on or after the effective date of this rule unless such forms and the premium rates and refund formulas therefor have been filed with the superintendent of insurance and approved prior to such issuance or use and have not been subsequently disapproved in accordance with division (B) of section 3918.07 of the Revised Code.	3901.041; 3918.12; 3918.07	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(D)(2)	Shall	(2) If a group policy of credit life insurance or credit accident and health insurance: (a) Has been delivered in this state before the effective date of this rule, or (b) Delivered in another state before or after the effective date of this rule- The insurer shall be required to file only the group certificate and notice of proposed insurance as specified in divisions (B) and (D) of section 3918.06 of the Revised Code and such forms shall be approved by the superintendent if they conform with the requirements of Chapter 3918. of the Revised Code and this rule, and if the schedules of premium rates applicable to the insurance evidenced by such certificate or notice are not in excess of the standards set forth in this rule. Provided, however, the premium rate in effect on existing group policies may be continued until the first policy anniversary date following the effective date of this rule.	3901.041; 3918.12; 3918.06	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(D)(2)	Shall	(2) If a group policy of credit life insurance or credit accident and health insurance: (a) Has been delivered in this state before the effective date of this rule, or (b) Delivered in another state before or after the effective date of this rule- The insurer shall be required to file only the group certificate and notice of proposed insurance as specified in divisions (B) and (D) of section 3918.06 of the Revised Code and such forms shall be approved by the superintendent if they conform with the requirements of Chapter 3918. of the Revised Code and this rule, and if the schedules of premium rates applicable to the insurance evidenced by such certificate or notice are not in excess of the standards set forth in this rule. Provided, however, the premium rate in effect on existing group policies may be continued until the first policy anniversary date following the effective date of this rule.	3901.041; 3918.12; 3918.06	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(D)(3)	Shall	(3) Division (D) of section 3918.06 of the Revised Code provides that the copy of the application for, or notice of, proposed insurance shall be separate and apart from the credit instrument unless the information required "is prominently set forth therein." The copy of the application for, or notice of, proposed insurance shall be deemed to be prominently set forth in the credit instrument if set forth in a separate provision on the face or reverse in type at least equal in size and prominence to the type used for the other provisions; provided that if the same is set forth on the reverse of the credit instrument, reference shall be made on the face of the instrument and provided further that the name of the debtor proposed for insurance, any figures relating to the amount and term of coverage, and the rate of amount of payment for insurance by the debtor need not be contained in a separate provision of the instrument, but may be set forth elsewhere in the instrument.	3901.041; 3918.12; 3918.06	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(D)(3)	Shall	(3) Division (D) of section 3918.06 of the Revised Code provides that the copy of the application for, or notice of, proposed insurance shall be separate and apart from the credit instrument unless the information required "is prominently set forth therein." The copy of the application for, or notice of, proposed insurance shall be deemed to be prominently set forth in the credit instrument if set forth in a separate provision on the face or reverse in type at least equal in size and prominence to the type used for the other provisions; provided that if the same is set forth on the reverse of the credit instrument, reference shall be made on the face of the instrument and provided further that the name of the debtor proposed for insurance, any figures relating to the amount and term of coverage, and the rate of amount of payment for insurance by the debtor need not be contained in a separate provision of the instrument, but may be set forth elsewhere in the instrument.	3901.041; 3918.12; 3918.06	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(D)(3)	Shall	(3) Division (D) of section 3918.06 of the Revised Code provides that the copy of the application for, or notice of, proposed insurance shall be separate and apart from the credit instrument unless the information required "is prominently set forth therein." The copy of the application for, or notice of, proposed insurance shall be deemed to be prominently set forth in the credit instrument if set forth in a separate provision on the face or reverse in type at least equal in size and prominence to the type used for the other provisions; provided that if the same is set forth on the reverse of the credit instrument, reference shall be made on the face of the instrument and provided further that the name of the debtor proposed for insurance, any figures relating to the amount and term of coverage, and the rate of amount of payment for insurance by the debtor need not be contained in a separate provision of the instrument, but may be set forth elsewhere in the instrument.	3901.041; 3918.12; 3918.06	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(D)(4)(a)	Shall	(a) The disclosure required by paragraph (D)(3) of this rule shall be made to the debtor at the time of the debtor's application for credit life or credit accident and health insurance (excluding non-contributory insurance) in connection with a credit transaction, and before the debtor becomes obligated to purchase such insurance.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(D)(4)(b)	Shall	(b) The form(s) containing the disclosure shall be filed with the superintendent of insurance and the disclosure language shall be subject to disapproval pursuant to section 3918.07 of the Revised Code.	3901.041; 3918.12; 3918.07	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(D)(4)(b)	Shall	(b) The form(s) containing the disclosure shall be filed with the superintendent of insurance and the disclosure language shall be subject to disapproval pursuant to section 3918.07 of the Revised Code.	3901.041; 3918.12; 3918.07	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(D)(4)(c)	Shall	(c) Additional disclosure shall be made using the exact form set forth in appendix I to this rule.	3901.041; 3918-12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(D)(5)	Must	(5) If a creditor makes available to the debtors, more than one plan of credit life insurance or more than one plan of credit accident and health insurance, all debtors must be informed of all such plans applicable to the type of loan.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)	Shall	Where rate filings are made in accordance with the premium rate standards, outlined in this paragraph of this rule, the filed rates shall prima facie be deemed, not to be excessive in relation to the benefits provided.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(1)(d)	Shall	(d) Standards for premium rates for indebtedness repayable in installments other than as indicated in paragraph (E)(1) of this rule shall be the equivalent of these standards.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(e)	Other - prohibits an action	The statement of the title of a security shall be such as clearly to identify the security even though there may be only one class; for example, "Class A Common," "5% Debentures Due 1965," etc.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(e)	Other - prohibits an action	(e) Other additional benefits to policyholders and their debtors, (i.e. dismemberment, partial disability, total and permanent disability, and suicide) may be provided by the insurance carriers if they so desire, but in no event may the charge for such coverage be passed on to the debtor so as to increase the total rate to exceed the rate established by this rule. If a suicide exclusion is utilized, such exclusion cannot be effective for more than six months following the effective date of coverage for that insured person.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(e)	Other - prohibits an action	(e) Other additional benefits to policyholders and their debtors, (i.e. dismemberment, partial disability, total and permanent disability, and suicide) may be provided by the insurance carriers if they so desire, but in no event may the charge for such coverage be passed on to the debtor so as to increase the total rate to exceed the rate established by this rule. If a suicide exclusion is utilized, such exclusion cannot be effective for more than six months following the effective date of coverage for that insured person.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(f)	May Not	(f) The foregoing rate standards may be used for credit life insurance with or without age limitations. If an age limitation is provided, it may not be more restrictive than to exclude from coverage any debtor who has attained age sixty-five at incurral of indebtedness, or who will have attained age sixty-six at maturity of the indebtedness.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(g)	Shall	(g) A policy provision that restricts coverage based on age in accordance with paragraph (E)(1)(c) or (E)(1)(f) of this rule shall, in the absence of misstatement, be valid only for the first sixty days of coverage. During the first sixty days of coverage the insurer shall have the right to cancel or restructure coverage that would otherwise provide benefits in excess of policy age restrictions.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(g)	Shall	(g) A policy provision that restricts coverage based on age in accordance with paragraph (E)(1)(c) or (E)(1)(f) of this rule shall, in the absence of misstatement, be valid only for the first sixty days of coverage. During the first sixty days of coverage the insurer shall have the right to cancel or restructure coverage that would otherwise provide benefits in excess of policy age restrictions.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(h)	Must	(h) These standards are applicable to the type of decreasing term credit life insurance contract customarily offered for sale protecting credit obligations repayable in substantially equal installments. Standards for premium rates in the case of forms which vary in any material respect from this standard type of credit insurance contract may reflect such variations to the extent that there is a measurable difference in the claims cost of the coverage provided and must receive approval pursuant to section 3918.07 of the Revised Code on a case basis.	3901.041; 3918.12; 3918.07	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(i)	Shall Not	(i) Premium rates for joint credit life insurance shall not exceed one and three-quarters times the applicable single credit life rate.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(1)(j)(i)	Shall Not	(i) In connection with loans or other credit transactions of sixty months or less, the amount of credit life insurance shall not exceed the scheduled or actual amount of indebtedness, whichever is greater.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(j)(ii)	Shall Not	(ii) For loans or other credit transactions exceeding sixty months the amount of credit life insurance shall not exceed the net indebtedness, exclusive of unearned finance charges.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
'3901-1-14	(E)(1)(k)	Shall Not	(k) The foregoing standards for premium rates are those to become effective November 1, 1983. Effective May 1, 1985, the monthly outstanding balance premium rate shall not exceed eighty cents per one thousand dollars outstanding balance of insured indebtedness and the single premium rate for decreasing term credit life insurance for which premiums are paid in one sum for the entire duration of indebtedness shall not exceed fifty-two cents per one hundred dollars repayable in twelve substantially equal monthly installments. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit life insurance on an industry-wide basis as necessary to establish and maintain fifty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on the data reported the previous year, and shall be adjusted in like manner effective November first of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(k)	Shall Not	(k) The foregoing standards for premium rates are those to become effective November 1, 1983. Effective May 1, 1985, the monthly outstanding balance premium rate shall not exceed eighty cents per one thousand dollars outstanding balance of insured indebtedness and the single premium rate for decreasing term credit life insurance for which premiums are paid in one sum for the entire duration of indebtedness shall not exceed fifty-two cents per one hundred dollars repayable in twelve substantially equal monthly installments. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit life insurance on an industry-wide basis as necessary to establish and maintain fifty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on the data reported the previous year, and shall be adjusted in like manner effective November first of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(1)(k)	Shall Not	(k) The foregoing standards for premium rates are those to become effective November 1, 1983. Effective May 1, 1985, the monthly outstanding balance premium rate shall not exceed eighty cents per one thousand dollars outstanding balance of insured indebtedness and the single premium rate for decreasing term credit life insurance for which premiums are paid in one sum for the entire duration of indebtedness shall not exceed fifty-two cents per one hundred dollars repayable in twelve substantially equal monthly installments. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit life insurance on an industry-wide basis as necessary to establish and maintain fifty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on the data reported the previous year, and shall be adjusted in like manner effective November first of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(k)	Shall	(k) The foregoing standards for premium rates are those to become effective November 1, 1983. Effective May 1, 1985, the monthly outstanding balance premium rate shall not exceed eighty cents per one thousand dollars outstanding balance of insured indebtedness and the single premium rate for decreasing term credit life insurance for which premiums are paid in one sum for the entire duration of indebtedness shall not exceed fifty-two cents per one hundred dollars repayable in twelve substantially equal monthly installments. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit life insurance on an industry-wide basis as necessary to establish and maintain fifty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on the data reported the previous year, and shall be adjusted in like manner effective November first of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(1)(k)	Shall	(k) The foregoing standards for premium rates are those to become effective November 1, 1983. Effective May 1, 1985, the monthly outstanding balance premium rate shall not exceed eighty cents per one thousand dollars outstanding balance of insured indebtedness and the single premium rate for decreasing term credit life insurance for which premiums are paid in one sum for the entire duration of indebtedness shall not exceed fifty-two cents per one hundred dollars repayable in twelve substantially equal monthly installments. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit life insurance on an industry-wide basis as necessary to establish and maintain fifty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on the data reported the previous year, and shall be adjusted in like manner effective November first of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(k)	Shall	(k) The foregoing standards for premium rates are those to become effective November 1, 1983. Effective May 1, 1985, the monthly outstanding balance premium rate shall not exceed eighty cents per one thousand dollars outstanding balance of insured indebtedness and the single premium rate for decreasing term credit life insurance for which premiums are paid in one sum for the entire duration of indebtedness shall not exceed fifty-two cents per one hundred dollars repayable in twelve substantially equal monthly installments. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit life insurance on an industry-wide basis as necessary to establish and maintain fifty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on the data reported the previous year, and shall be adjusted in like manner effective November first of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(1)(k)	Shall	(k) The foregoing standards for premium rates are those to become effective November 1, 1983. Effective May 1, 1985, the monthly outstanding balance premium rate shall not exceed eighty cents per one thousand dollars outstanding balance of insured indebtedness and the single premium rate for decreasing term credit life insurance for which premiums are paid in one sum for the entire duration of indebtedness shall not exceed fifty-two cents per one hundred dollars repayable in twelve substantially equal monthly installments. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit life insurance on an industry-wide basis as necessary to establish and maintain fifty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on the data reported the previous year, and shall be adjusted in like manner effective November first of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(1)(k)	Shall	(k) The foregoing standards for premium rates are those to become effective November 1, 1983. Effective May 1, 1985, the monthly outstanding balance premium rate shall not exceed eighty cents per one thousand dollars outstanding balance of insured indebtedness and the single premium rate for decreasing term credit life insurance for which premiums are paid in one sum for the entire duration of indebtedness shall not exceed fifty-two cents per one hundred dollars repayable in twelve substantially equal monthly installments. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit life insurance on an industry-wide basis as necessary to establish and maintain fifty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on the data reported the previous year, and shall be adjusted in like manner effective November first of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(2)(a)	Shall	(a) If premiums are paid in one sum for the entire duration of the indebtedness the following rates per one hundred dollars of initial indebtedness repayable in the indicated number of equal monthly installments are applicable: Duration Prima facie single premium Prima facie single premium rate/$100 14-day retroactive plan rate/$100 14-day nonretroactive plan 6 $ 1.87 $ 1.50 12 2.40 2.10 18 2.76 2.44 24 3.03 2.71 30 3.25 2.95 36 3.46 3.16 42 3.65	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(2)(a)	Shall	Effective May 1, 1985, the one sum premium per one hundred dollars of initial indebtedness shall be one hundred three per cent of the rates listed in this paragraph of this rule. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit accident and health insurance on an industry-wide basis as necessary to establish and maintain a sixty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on data reported the previous year, and shall be adjusted in like manner effective November first, of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3918.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(2)(a)	Shall	Effective May 1, 1985, the one sum premium per one hundred dollars of initial indebtedness shall be one hundred three per cent of the rates listed in this paragraph of this rule. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit accident and health insurance on an industry-wide basis as necessary to establish and maintain a sixty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on data reported the previous year, and shall be adjusted in like manner effective November first, of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(2)(a)	Shall	Effective May 1, 1985, the one sum premium per one hundred dollars of initial indebtedness shall be one hundred three per cent of the rates listed in this paragraph of this rule. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit accident and health insurance on an industry-wide basis as necessary to establish and maintain a sixty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on data reported the previous year, and shall be adjusted in like manner effective November first, of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(2)(a)	Shall	Effective May 1, 1985, the one sum premium per one hundred dollars of initial indebtedness shall be one hundred three per cent of the rates listed in this paragraph of this rule. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit accident and health insurance on an industry-wide basis as necessary to establish and maintain a sixty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on data reported the previous year, and shall be adjusted in like manner effective November first, of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(2)(a)	Shall	Effective May 1, 1985, the one sum premium per one hundred dollars of initial indebtedness shall be one hundred three per cent of the rates listed in this paragraph of this rule. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit accident and health insurance on an industry-wide basis as necessary to establish and maintain a sixty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on data reported the previous year, and shall be adjusted in like manner effective November first, of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(2)(a)	Shall	Effective May 1, 1985, the one sum premium per one hundred dollars of initial indebtedness shall be one hundred three per cent of the rates listed in this paragraph of this rule. The superintendent shall use experience data reported on the national association of insurance commissioners (NAIC) annual statement credit insurance experience exhibit to adjust the prima facie rates for credit accident and health insurance on an industry-wide basis as necessary to establish and maintain a sixty per cent loss ratio. Prima facie rates shall first be adjusted in like manner effective November 1, 1986, based on data reported the previous year, and shall be adjusted in like manner effective November first, of every year after 1986. However, after the November 1, 2013 adjustment, prima facie rates shall be adjusted in like manner effective January 1, 2017, based on the data reported for the previous three years, and shall be adjusted in like manner effective January first of every third year after two-thousand fourteen.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(2)(a)	Shall	The above shows rates only for credit transactions repayable in a total number of installments which is a multiple of six. For transactions repayable in numbers of installments not set forth above; either the actuarial equivalent or straight line interpolation may be utilized. The rate standards set forth above shall be applicable for such contracts which contain a provision excluding or denying claim for disability resulting from pre-existing illness, disease or physical condition (whether or not by name or specific description) which totally disabled the debtor at any time during the six-month period immediately preceding the effective date of the debtor's coverage, or provisions which exclude coverage for pre-existing conditions for which the insured debtor received medical advice, diagnosis, or treatment within six months preceding the effective date of the debtor's coverage, and which caused loss within the six months following the effective date of coverage, but contain no other provision which excludes or restricts liability in the event of disability. The rate standards set forth herein may be increased ten per cent for such contracts that do not contain a provision excluding or denying a claim for disability resulting from pre-existing conditions.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(2)(a)	May Not	Any contract to which the above rates apply may contain provisions excluding or restricting coverage in the event of pregnancy, intentionally self-inflicted injuries, foreign travel or residence, or flight in non-scheduled aircraft, war or military service. Any contract may also provide an age limitation, which limitation may not be more restrictive than to exclude from coverage any debtor who has attained age sixty-five at incurral of indebtedness, or who will have attained age sixty-six at maturity of the indebtedness. No contract shall provide for an actively-at-work test that requires the debtor to be employed more than thirty hours per week.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(2)(a)	Other - prohibits an action	Any contract to which the above rates apply may contain provisions excluding or restricting coverage in the event of pregnancy, intentionally self-inflicted injuries, foreign travel or residence, or flight in non-scheduled aircraft, war or military service. Any contract may also provide an age limitation, which limitation may not be more restrictive than to exclude from coverage any debtor who has attained age sixty-five at incurral of indebtedness, or who will have attained age sixty-six at maturity of the indebtedness. No contract shall provide for an actively-at-work test that requires the debtor to be employed more than thirty hours per week.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(2)(b)	Shall	(b) Standards for premium rates for indebtedness repayable in installments other than as indicated in paragraph (E)(2)(a) of this rule shall be the equivalent of the standards.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(2)(d)	Other - requires an action	(d) The standard for premium rates set forth in paragraph (E)(2)(a) of this rule is applicable to the form of credit accident and health insurance described which is illustrative of the kind of coverage that may be issued. This rule, however, shall not preclude an insurer from filing other forms of credit accident and health insurance for consideration by the superintendent.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(2)(d)	Shall Not	(d) The standard for premium rates set forth in paragraph (E)(2)(a) of this rule is applicable to the form of credit accident and health insurance described which is illustrative of the kind of coverage that may be issued. This rule, however, shall not preclude an insurer from filing other forms of credit accident and health insurance for consideration by the superintendent.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(2)(e)	Shall	(e) Standards for premium rates for contracts providing benefits on a basis different from those illustrated above shall be the equivalent of the standard.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(2)(f)	Shall	(f) A policy provision that restricts coverage based on age in accordance with paragraph (E)(2)(a) of this rule shall, in the absence of misstatement, be valid only for the first sixty days of coverage. During the first sixty days of coverage the insurer shall have the right to cancel or restructure coverage that would otherwise provide benefits in excess of policy restrictions.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(2)(f)	Shall	(f) A policy provision that restricts coverage based on age in accordance with paragraph (E)(2)(a) of this rule shall, in the absence of misstatement, be valid only for the first sixty days of coverage. During the first sixty days of coverage the insurer shall have the right to cancel or restructure coverage that would otherwise provide benefits in excess of policy restrictions.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(3)	Shall	Standards for premium rates for contracts combining credit life and credit accident and health coverage in one policy shall be consistent with the standards set forth in paragraphs (E)(1) and (E)(2) of this rule, however, such contracts must provide for a refund of the unearned credit accident and health premium, in the event of the debtor's death. Refunds shall be computed from the date of death. These refunds must also be provided when the insured debtor is covered by separate contracts providing credit life and credit accident and health coverage.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(3)	Must	Standards for premium rates for contracts combining credit life and credit accident and health coverage in one policy shall be consistent with the standards set forth in paragraphs (E)(1) and (E)(2) of this rule, however, such contracts must provide for a refund of the unearned credit accident and health premium, in the event of the debtor's death. Refunds shall be computed from the date of death. These refunds must also be provided when the insured debtor is covered by separate contracts providing credit life and credit accident and health coverage.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(3)	Shall	Standards for premium rates for contracts combining credit life and credit accident and health coverage in one policy shall be consistent with the standards set forth in paragraphs (E)(1) and (E)(2) of this rule, however, such contracts must provide for a refund of the unearned credit accident and health premium, in the event of the debtor's death. Refunds shall be computed from the date of death. These refunds must also be provided when the insured debtor is covered by separate contracts providing credit life and credit accident and health coverage.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(3)	Must	Standards for premium rates for contracts combining credit life and credit accident and health coverage in one policy shall be consistent with the standards set forth in paragraphs (E)(1) and (E)(2) of this rule, however, such contracts must provide for a refund of the unearned credit accident and health premium, in the event of the debtor's death. Refunds shall be computed from the date of death. These refunds must also be provided when the insured debtor is covered by separate contracts providing credit life and credit accident and health coverage.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(4)	Must	After November 1, 1986, any insurer desiring to show cause why its premium rates for a case or class of business should not be reduced, as set forth in paragraphs (E)(1) and (E)(8) of this rule, must agree to an examination and audit of it's claim experience and expense factors. The examination and audit will be performed by qualified actuaries and accountants selected by the superintendent of insurance. The expense of the examination and audit will be paid for by the insurer and the insurer must agree to accept the findings of the superintendent of insurance which will be based upon the results of the examination and audit.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(4)	Other - requires an action	After November 1, 1986, any insurer desiring to show cause why its premium rates for a case or class of business should not be reduced, as set forth in paragraphs (E)(1) and (E)(8) of this rule, must agree to an examination and audit of it's claim experience and expense factors. The examination and audit will be performed by qualified actuaries and accountants selected by the superintendent of insurance. The expense of the examination and audit will be paid for by the insurer and the insurer must agree to accept the findings of the superintendent of insurance which will be based upon the results of the examination and audit.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(4)	Other - requires an action	After November 1, 1986, any insurer desiring to show cause why its premium rates for a case or class of business should not be reduced, as set forth in paragraphs (E)(1) and (E)(8) of this rule, must agree to an examination and audit of it's claim experience and expense factors. The examination and audit will be performed by qualified actuaries and accountants selected by the superintendent of insurance. The expense of the examination and audit will be paid for by the insurer and the insurer must agree to accept the findings of the superintendent of insurance which will be based upon the results of the examination and audit.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(4)	Must	After November 1, 1986, any insurer desiring to show cause why its premium rates for a case or class of business should not be reduced, as set forth in paragraphs (E)(1) and (E)(8) of this rule, must agree to an examination and audit of it's claim experience and expense factors. The examination and audit will be performed by qualified actuaries and accountants selected by the superintendent of insurance. The expense of the examination and audit will be paid for by the insurer and the insurer must agree to accept the findings of the superintendent of insurance which will be based upon the results of the examination and audit.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(4)	Other - requires an action	After November 1, 1986, any insurer desiring to show cause why its premium rates for a case or class of business should not be reduced, as set forth in paragraphs (E)(1) and (E)(8) of this rule, must agree to an examination and audit of it's claim experience and expense factors. The examination and audit will be performed by qualified actuaries and accountants selected by the superintendent of insurance. The expense of the examination and audit will be paid for by the insurer and the insurer must agree to accept the findings of the superintendent of insurance which will be based upon the results of the examination and audit.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(6)	Shall	(6) Life premium rate deviations Credit life insurance premium rates exceeding the standards in paragraph (E)(1) of this rule may be approved, as not being excessive in relation to the benefits provided, for the insurance covering the debtors of a creditor or a class of business hereinafter called the "case," if the credible loss ratio for the case is more than sixty per cent. For such cases, the permissible premium rate shall be computed as follows, unless otherwise determined by the superintendent.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(7)	Shall	Credit accident and health insurance premium rates exceeding the standards in paragraph (E)(2) of this rule may be approved, as not being excessive in relation to the benefits provided, for the insurance covering the debtors of a creditor or a class of business hereinafter called the "case," if the credible loss ratio for the case is more than sixty per cent. For such cases, the permissible premium rate shall be computed as follows, unless otherwise determined by the superintendent.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(8)	Require	After November 1, 1986, any insurer which produces, for a case or class of business, as determined by the insurer, a credible loss ratio of less than fifty per cent for life and sixty per cent for accident and health, shall be required to make appropriate rate reductions or show cause why its premium rates for such case or class of business should not be reduced. When the rate for any case is required to be reduced, such reduction shall continue whether the case remains with the insurer or is transferred to another insurer, until the loss experience demonstrates that the reduction is no longer appropriate.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(8)	Shall	After November 1, 1986, any insurer which produces, for a case or class of business, as determined by the insurer, a credible loss ratio of less than fifty per cent for life and sixty per cent for accident and health, shall be required to make appropriate rate reductions or show cause why its premium rates for such case or class of business should not be reduced. When the rate for any case is required to be reduced, such reduction shall continue whether the case remains with the insurer or is transferred to another insurer, until the loss experience demonstrates that the reduction is no longer appropriate.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(9)	Shall	Where no debtor of a case is paying directly or indirectly any part of the premium, the case rates shall be such reasonable rates as are approved by the superintendent.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(E)(10)	Other - prohibits an action	No insurer shall, commencing with the policy anniversary date on or after the effective date of this rule, charge a premium rate for credit life or credit health and accident insurance insuring a debtor under an existing group policy of credit life or accident and health insurance at a rate greater than that approved for the insurer under this rule, or a premium rate under a group policy of credit life or credit accident and health insurance for any renewal year greater than the rate approved pursuant to this rule.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(10)	Other - prohibits an action	No insurer shall, commencing with the policy anniversary date on or after the effective date of this rule, charge a premium rate for credit life or credit health and accident insurance insuring a debtor under an existing group policy of credit life or accident and health insurance at a rate greater than that approved for the insurer under this rule, or a premium rate under a group policy of credit life or credit accident and health insurance for any renewal year greater than the rate approved pursuant to this rule.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(E)(11)	Other - prohibits an action	Premium rate deviations as outlined in paragraph (E)(6) of this rule may be utilized for a period of time not to exceed the credible experience period or two years, whichever is less. All rates in excess of those outlined in this rule are withdrawn as of the effective date of this rule except that any rate provided under a policy of group credit life insurance or group credit accident and health insurance heretofore approved by the department of insurance in excess of those prescribed herein may be continued until the first anniversary date of such group policy after the effective date of this rule. Such rate may be thereafter continued only if an application for increase in premium rates is approved with respect thereto.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(F)(1)	Shall	(1) If a debtor is covered by a group credit insurance policy providing for the payment of single premiums to the insurer, then provision shall be made by the insurer that in the event of termination of the master policy for any reason, insurance coverage with respect to any debtor insured under such master policy shall be continued for the entire period for which the single premium has been paid, subject to the debtor's right to cancel the insurance at any time by express action.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(F)(2)	Shall	(2) If a debtor is covered by a group credit insurance policy providing for payment of premiums to the insurer on a monthly outstanding balance basis, then the group policy shall provide that, in the event of termination of the policy for whatever reason, the insured debtor shall be notified that coverage will continue for thirty days from the date of notice, except where replacement of the coverage by the same or another insurer in the same or greater amount takes place without lapse of coverage. The notice required in this paragraph shall be given by the insurer or, at the option of the insurer by the creditor.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(F)(2)	Shall	(2) If a debtor is covered by a group credit insurance policy providing for payment of premiums to the insurer on a monthly outstanding balance basis, then the group policy shall provide that, in the event of termination of the policy for whatever reason, the insured debtor shall be notified that coverage will continue for thirty days from the date of notice, except where replacement of the coverage by the same or another insurer in the same or greater amount takes place without lapse of coverage. The notice required in this paragraph shall be given by the insurer or, at the option of the insurer by the creditor.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(F)(3)(a)	Require	(a) Section 3918.08 of the Revised Code requires refund formulas to be filed and approved by the superintendent. This requirement will be considered satisfied if the refund formula to be applied by the insurer is set forth in either the policy if the coverage is written on an individual policy basis, or the certificate if the coverage is written on a group basis pursuant to a master policy; provided further that such forms of policies and certificates have not been disapproved by the superintendent. In the event that the refund formula to be used is the "sum of digits" also commonly known as the "rule of 78" it will be sufficient to state either descriptive name without further explanation in the provisions of the policy or certificate.	3901.041; 3918.12; 3918.08	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(F)(3)(b)	Shall	(b) The refund of premiums in case of reducing term credit life insurance or credit health and accident insurance on which premiums are payable other than by a single premium and of level-term credit life insurance shall be equal to the pro rata unearned gross premium, and in the case of reducing term credit life insurance paid by a single premium and of credit accident and health insurance shall be equal to the amount computed by the "sum of digits" formula commonly known as the "rule of 78."	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(F)(3)(c)	Shall	(c) The refund of the amount charged to or collected from the debtor for insurance in the case of reducing term credit life insurance or credit accident and health insurance where said amount, if payable other than in a single sum and of level-term credit life insurance, shall be equal to the pro rata unearned gross amount to be collected, and in the case of reducing term credit life insurance where the whole amount thereof is charged to or collected from the debtor in a single sum and of credit accident and health insurance shall be equal to the amount computed by the "sum of digits" formula commonly known as the "rule of 78."	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(F)(3)(d)	Shall	(d) Notwithstanding paragraph (F)(3)(a), (F)(3)(b), or (F)(3)(c) of this rule, the refund of premiums for credit accident and health insurance where the premiums are payable in a single sum, and for credit life insurance where the premiums are payable in a single sum and the amount of life insurance does not exceed the net indebtedness, shall be equal to the single premium that would be charged for the remaining term of the debt for the balance outstanding at the date of refund. This formula is commonly known as the "rule of anticipation."	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(F)(3)(f)	Other - prohibits an action	(f) In the event of termination, no charge for coverage may be made for the first fifteen days of a loan month, and a full month may be charged for sixteen days or more of a loan month.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(G)(1)	Shall	(1) Each insurer writing credit life insurance and credit accident and health insurance shall maintain statistics, on a policy-year basis for group policies, and on a calendar-year basis for individual policies with respect to each plan or type of coverage showing, on an accrual basis, separately for credit life insurance and separately for direct business and reinsurance assumed with respect to the following: (a) Gross premiums received. (b) Refunds of premiums on terminated insurance. (c) Increase in unearned premium reserve. (d) Earned premiums. (e) Claims paid. (f) Increase in claim reserve. (g) Claims incurred. (h) Reserve increases other than set forth in paragraphs (G)(1)(c) and (G)(1)(f) of this rule. (i) Commissions. (j) Fees and other allowances. (k) Dividends and experience rating refunds. (l) Mean amount of life insurance in force. (m) Mean number of individual policies and certificates in force during the calendar year.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(G)(2)	Shall	(2) With respect to credit accident and health insurance, each insurer shall keep a record for each plan or type of coverage which, in addition to the above statistics, shall show the nature of the benefits payable, the applicable waiting period, and the rate at which premiums are charged therefor.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(G)(3)	Shall	(3) Credit insurance data and statistics shall be submitted from time to time as requested by the superintendent of insurance.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(H)(1)	Shall	(1) Each insurer transacting credit insurance shall be responsible to conduct a thorough review of each creditor with respect to the first year of business with such creditor. The insurer thereafter shall conduct such reviews as reasonably may be necessary to assure compliance with applicable statutes and rules.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(H)(1)	Shall	(1) Each insurer transacting credit insurance shall be responsible to conduct a thorough review of each creditor with respect to the first year of business with such creditor. The insurer thereafter shall conduct such reviews as reasonably may be necessary to assure compliance with applicable statutes and rules.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(H)(2)	Shall	(2) Such reviews shall include, but not by way of limitation, verification that: (a) Premiums and charges to debtors are properly calculated and transmitted to the insurer, based on rates permitted under statutes and the superintendent's rules and on the amounts of indebtedness actually insured; and (b) Claims are refunds are properly calculated and paid; (c) Disclosure forms are distributed before the debtor becomes obligated to purchase insurance.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(H)(3)	Other - prohibits an action	(3) An insurer's responsibilities are not discharged or avoided by the delegation of premium collection or refund calculation or check or draft drawing, and the actions of such delegatee will be considered as the acts of the insurer. The insurer shall maintain records of such reviews for three years, and such records will be subject to call and review by the superintendent at his discretion.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(H)(3)	Shall	(3) An insurer's responsibilities are not discharged or avoided by the delegation of premium collection or refund calculation or check or draft drawing, and the actions of such delegatee will be considered as the acts of the insurer. The insurer shall maintain records of such reviews for three years, and such records will be subject to call and review by the superintendent at his discretion.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(H)(3)	Other - requires an action	(3) An insurer's responsibilities are not discharged or avoided by the delegation of premium collection or refund calculation or check or draft drawing, and the actions of such delegatee will be considered as the acts of the insurer. The insurer shall maintain records of such reviews for three years, and such records will be subject to call and review by the superintendent at his discretion.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(I)(1)(a)	Require	(a) For credit insurance written prior to January 1, 2009, in the state of Ohio, all insurers will be required to maintain reserves not less than 1958 "CET Table of Mortality" at four and one-half per cent interest.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(I)(1)(b)	Require	(b) For credit insurance written on or after January 1, 2009, in the state of Ohio, all insurers will be required to maintain reserves not less than "2001 Male Composite Ultimate CSO Mortality" at the maximum valuation interest rate for life insurance as defined in section 3903.721 of the Revised Code.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(I)(1)(c)	Shall	(c) When the credit life insurance policy or certificate insures two lives, the minimum standard shall be twice the mortality in the "2001 CSO Male Composite Ultimate Mortality" table based on the age of the older insured.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(I)(1)(d)	Shall	(d) In addition to the mortality reserve, the extra liability for refunds shall be established and maintained as part of the total reserve. Any reserve basis which in the aggregate equals or produces a greater reserve not less than this basis will be acceptable to the superintendent. Also, proper rate credit and similar reserves approved by the superintendent shall be carried by the companies on such risks.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(I)(1)(d)	Shall	(d) In addition to the mortality reserve, the extra liability for refunds shall be established and maintained as part of the total reserve. Any reserve basis which in the aggregate equals or produces a greater reserve not less than this basis will be acceptable to the superintendent. Also, proper rate credit and similar reserves approved by the superintendent shall be carried by the companies on such risks.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(I)(2)(a)	Other - prohibits an action	(a) For credit insurance written prior to January 1, 2009, the reserve must not be less than a reserve based on the 1964 "Commissioner's disability table" at three per cent annual interest. However, should an insurer, after establishing a credit disability reserve on the 1964 "Commissioner's disability table", develop a disability reserve for such disability policies that is less than the premium that would have been charged for the remaining benefits for the balance of the term, then an additional reserve must be established so that such aggregate total shall not be less than the premium that would have been charged for the remaining benefits for the balance of the term, for such disability policies. The mean of the gross unearned premiums calculated on a "rule of 78" and a pro rata basis shall be deemed to meet the requirements of this provision.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(I)(2)(a)	Must	(a) For credit insurance written prior to January 1, 2009, the reserve must not be less than a reserve based on the 1964 "Commissioner's disability table" at three per cent annual interest. However, should an insurer, after establishing a credit disability reserve on the 1964 "Commissioner's disability table", develop a disability reserve for such disability policies that is less than the premium that would have been charged for the remaining benefits for the balance of the term, then an additional reserve must be established so that such aggregate total shall not be less than the premium that would have been charged for the remaining benefits for the balance of the term, for such disability policies. The mean of the gross unearned premiums calculated on a "rule of 78" and a pro rata basis shall be deemed to meet the requirements of this provision.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(I)(2)(a)	Shall	(a) For credit insurance written prior to January 1, 2009, the reserve must not be less than a reserve based on the 1964 "Commissioner's disability table" at three per cent annual interest. However, should an insurer, after establishing a credit disability reserve on the 1964 "Commissioner's disability table", develop a disability reserve for such disability policies that is less than the premium that would have been charged for the remaining benefits for the balance of the term, then an additional reserve must be established so that such aggregate total shall not be less than the premium that would have been charged for the remaining benefits for the balance of the term, for such disability policies. The mean of the gross unearned premiums calculated on a "rule of 78" and a pro rata basis shall be deemed to meet the requirements of this provision.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(I)(2)(b)	Other - prohibits an action	(b) For credit insurance written on or after January 1, 2009, the reserve must not be less than a reserve based on the morbidity assumption as described in paragraph (I)(2)(c) of this rule at the maximum valuation interest rate for ordinary life insurance as defined in section 3903.721 of the Revised Code. However, should an insurer, after establishing a credit disability reserve on the 1985 "CIDA Table", develop a disability reserve for such disability policies that is less than the premium that would have been charged for the remaining benefits for the balance of the term, then an additional reserve must be established so that such aggregate total shall not be less than the premium that would have been charged for the remaining benefits for the balance of the term, for such disability policies. The mean of the gross unearned premiums calculated on the "rule of 78" and a pro rata basis shall be deemed to meet the requirements of this provision.	3901.041; 3918.12; 3903.721	No, general rulemaking authority	No, general rulemaking authority

3901-1-14	(I)(2)(b)	Must	(b) For credit insurance written on or after January 1, 2009, the reserve must not be less than a reserve based on the morbidity assumption as described in paragraph (I)(2)(c) of this rule at the maximum valuation interest rate for ordinary life insurance as defined in section 3903.721 of the Revised Code. However, should an insurer, after establishing a credit disability reserve on the 1985 "CIDA Table", develop a disability reserve for such disability policies that is less than the premium that would have been charged for the remaining benefits for the balance of the term, then an additional reserve must be established so that such aggregate total shall not be less than the premium that would have been charged for the remaining benefits for the balance of the term, for such disability policies. The mean of the gross unearned premiums calculated on the "rule of 78" and a pro rata basis shall be deemed to meet the requirements of this provision.	3901.041; 3918.12; 3903.721	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(I)(2)(b)	Shall	(b) For credit insurance written on or after January 1, 2009, the reserve must not be less than a reserve based on the morbidity assumption as described in paragraph (I)(2)(c) of this rule at the maximum valuation interest rate for ordinary life insurance as defined in section 3903.721 of the Revised Code. However, should an insurer, after establishing a credit disability reserve on the 1985 "CIDA Table", develop a disability reserve for such disability policies that is less than the premium that would have been charged for the remaining benefits for the balance of the term, then an additional reserve must be established so that such aggregate total shall not be less than the premium that would have been charged for the remaining benefits for the balance of the term, for such disability policies. The mean of the gross unearned premiums calculated on the "rule of 78" and a pro rata basis shall be deemed to meet the requirements of this provision.	3901.041; 3918.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-14	(J)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-18	(C)(2)	Other - requires an action	(2) "Basic property insurance" means insurance against direct loss to property as defined and limited in standard fire policies and extended coverage endorsements thereon, as approved by the superintendent, and insurance for such types, classes and locations of property against the perils of vandalism, malicious mischief, burglary, theft or liability, as the superintendent shall designate. The association is also authorized to provide insurance against the perils of burglary, robbery, and theft for properties. Such coverage is to be provided by separate policies. Basic property insurance does not include automobile insurance or insurance on manufacturing risks.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(D)	Shall	Member insurers shall provide written notice of cancellation or nonrenewal for any risk eligible for insurance through the association, (except for non-payment of premium, evidence of incendiarism, or misrepresentation) not less than thirty days prior to cancellation or nonrenewal. The notice shall explain to the insured the procedures for making application to the association. This thirty-day notice shall not apply to binders of thirty days duration or less.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(E)(1)	Shall	(1) Upon request, a licensed agent shall assist any owner of property in completing an application for insurance with the association.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(E)(2)	Other - prohibits an action	(2) No licensed agent, although licensed to represent one or more member insurers of the association, shall hold himself out as an agent of the association or have any authority to bind any risk for the association.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(F)(1)	Other - prohibits an action	(1) The maximum limits of liability for basic property insurance and homeowners' insurance per location through the association is one million five hundred thousand dollars. The maximum limit of liability for residential crime insurance is ten thousand dollars. The maximum limit of liability for commercial crime insurance is fifteen thousand dollars.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(F)(1)	Other - prohibits an action	(1) The maximum limits of liability for basic property insurance and homeowners' insurance per location through the association is one million five hundred thousand dollars. The maximum limit of liability for residential crime insurance is ten thousand dollars. The maximum limit of liability for commercial crime insurance is fifteen thousand dollars.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(F)(1)	Other - prohibits an action	(1) The maximum limits of liability for basic property insurance and homeowners' insurance per location through the association is one million five hundred thousand dollars. The maximum limit of liability for residential crime insurance is ten thousand dollars. The maximum limit of liability for commercial crime insurance is fifteen thousand dollars.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(F)(4)	Other - prohibits an action	(4) The association is not authorized to provide insurance coverage for automobiles or manufacturing risks.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(G)(1)	Shall	(1) Any person having an insurable interest in real or tangible personal property, or both, at a fixed location in Ohio, who has been unable to obtain basic property insurance or homeowners' insurance, shall be granted upon application to the association, an inspection of the property . The inspection shall be made only of property requiring an inspection to determine eligibility for fair plan coverage. The inspection shall be free of charge to the applicant.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(G)(2)	Shall	(2) All inspection reports shall be in writing and shall contain the information necessary to determine eligibility for coverage pursuant to the association's underwriting guide as filed with the superintendent.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(G)(3)	Shall	(3) If an interior inspection is necessary to determine eligibility of property described in an application submitted to the association: (a) The inspector or inspection company shall contact the new applicant and arrange for the applicant or the person designated by the applicant to be present during the inspection. The inspector shall not recommend correction of physical deficiencies or advise the applicant whether the association will provide coverage. The inspection report shall provide any information necessary for underwriting but shall not refer to environmental hazards. Physical deficiencies shall be reported on the inspection report. Vacancy or unoccupancy shall be reported on the inspection report. (b) The inspection report shall contain information describing the occupancy and other observations of the risk.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(G)(3)	Shall	(3) If an interior inspection is necessary to determine eligibility of property described in an application submitted to the association: (a) The inspector or inspection company shall contact the new applicant and arrange for the applicant or the person designated by the applicant to be present during the inspection. The inspector shall not recommend correction of physical deficiencies or advise the applicant whether the association will provide coverage. The inspection report shall provide any information necessary for underwriting but shall not refer to environmental hazards. Physical deficiencies shall be reported on the inspection report. Vacancy or unoccupancy shall be reported on the inspection report. (b) The inspection report shall contain information describing the occupancy and other observations of the risk.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(G)(3)	Shall	(3) If an interior inspection is necessary to determine eligibility of property described in an application submitted to the association: (a) The inspector or inspection company shall contact the new applicant and arrange for the applicant or the person designated by the applicant to be present during the inspection. The inspector shall not recommend correction of physical deficiencies or advise the applicant whether the association will provide coverage. The inspection report shall provide any information necessary for underwriting but shall not refer to environmental hazards. Physical deficiencies shall be reported on the inspection report. Vacancy or unoccupancy shall be reported on the inspection report. (b) The inspection report shall contain information describing the occupancy and other observations of the risk.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(G)(4)	Shall	(4) Subsequent to the inspection of a property, the association shall indicate to the new applicant any condition charges which have been applied by the association.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(G)(5)	Shall	(5) After the inspection report has been completed, a copy of the completed inspection report, and any photograph, indicating the pertinent features of the building , maintenance, and occupancy shall be sent within ten days to the association.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(G)(6)	Shall	(6) The association shall, within ten business days after receipt of the inspection report, advise the applicant and his licensed agent that: (a) The risk is acceptable, and if condition charges have been imposed, the improvements necessary to remove the condition charges; or (b) The risk will be acceptable if the improvements noted in the report are made by the applicant ; or (c) The risk is not acceptable for the reasons stated in the report.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(G)(7)	Shall Not	(7) The association shall not refuse to insure any risk because of an environmental hazard.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(G)(8)	Shall	(8) The association may, for cause upon information or well-founded belief without notice to the insured at any time during the policy term, cause a property insured by it to be inspected for the purpose of determining whether the property meets the association's underwriting standards. Reinspections may also be made upon the request of the insured, for statistical purposes, upon change in type of occupancy, or upon a reasonable periodic schedule. The association may, upon the basis of the report of reinspection, refuse to renew or may cancel a policy in accordance with its terms and this plan of operation. Any person aggrieved by such decision may appeal, in accordance with paragraph (J) of this rule. The association need not afford an insured the opportunity to be present during a reinspection nor furnish the insured with a copy of a reinspection report. If an insured requests a copy of a reinspection report, the association shall provide a copy to the insured.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(G)(9)	Shall	(9) If an inspection report shows that a property is in violation of any building, housing, air pollution, sanitation, health, fire or safety code, ordinance or rule, or if an applicant otherwise has received written notice of any violation of such a code, ordinance of rule, the applicant shall also submit to the association a detailed plan that indicates the manner and estimated period of time in which violation will be corrected. In no case will the association provide coverage unless the necessary corrections are to commence within thirty days following the date of the application. If the association is satisfied that the violations are subject to correction within a reasonable period of time and that the applicant otherwise meets the requirements of section 3929.44 of the Revised Code, it may issue a policy or binder to the applicant on the condition that the plan be implemented and completed on schedule and that the property be reinspected.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(G)(9)	Other - prohibits an action	(9) If an inspection report shows that a property is in violation of any building, housing, air pollution, sanitation, health, fire or safety code, ordinance or rule, or if an applicant otherwise has received written notice of any violation of such a code, ordinance of rule, the applicant shall also submit to the association a detailed plan that indicates the manner and estimated period of time in which violation will be corrected. In no case will the association provide coverage unless the necessary corrections are to commence within thirty days following the date of the application. If the association is satisfied that the violations are subject to correction within a reasonable period of time and that the applicant otherwise meets the requirements of section 3929.44 of the Revised Code, it may issue a policy or binder to the applicant on the condition that the plan be implemented and completed on schedule and that the property be reinspected.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(H)(1)	Shall	(1) Every policy written by the association shall include an additional policy condition representing that: (a) At least two insurance companies authorized to do business in Ohio have declined to grant the coverage requested in the application; and (b) There are no outstanding taxes, assessments, penalties or charges with respect to the property to be insured; and (c) The applicant has not received written notice from an authorized public entity stating that his property is in violation of any building, housing, air pollution, sanitation, health, fire or safety code, ordinance or rule.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(H)(2)	Shall	(2) If the property is in violation of any such code, ordinance or rule, and if the applicant has received such written notice of any such violation, the applicant shall submit to the association a detailed plan that indicates the manner and estimated period of time in which such violations will be corrected. In no case will the association provide coverage unless the necessary repairs are to commence within thirty days following the date of the application. If the association is satisfied that the violations are subject to correction within a reasonable period of time and that the applicant otherwise meets the requirements of section 3929.44 of the Revised Code, it may cause a policy or binder of basic property insurance to be issued to the applicant on the condition that the plan be implemented on schedule and that the property be reinspected.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(H)(2)	Other - prohibits an action	(2) If the property is in violation of any such code, ordinance or rule, and if the applicant has received such written notice of any such violation, the applicant shall submit to the association a detailed plan that indicates the manner and estimated period of time in which such violations will be corrected. In no case will the association provide coverage unless the necessary repairs are to commence within thirty days following the date of the application. If the association is satisfied that the violations are subject to correction within a reasonable period of time and that the applicant otherwise meets the requirements of section 3929.44 of the Revised Code, it may cause a policy or binder of basic property insurance to be issued to the applicant on the condition that the plan be implemented on schedule and that the property be reinspected.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(H)(3)	Other - prohibits an action	(3) The association is under no obligation to issue basic property insurance or homeowners insurance to any person, unless that person and his or her property would be insurable in the normal insurance market, and such property, except for its location, would constitute an insurable risk in accordance with reasonable underwriting standards. The association, in determining whether the property is insurable, shall give no consideration to the condition of surrounding property or properties, where such condition is not within the control of the applicant.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(H)(4)	Shall	(4) If a risk is accepted by the association, it shall deliver a policy or binder to the applicant and if applicable, the licensed insurance agent, upon payment of the premium to the association. The association shall pay the authorized commission to the licensed agent as designated by the applicant. The association shall not pay commission to a nonresident agent. The association may pay commission to a licensed nonresident business entity agent for assistance provided by an individual resident agent affiliated with that nonresident business entity agent.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(H)(4)	Shall	(4) If a risk is accepted by the association, it shall deliver a policy or binder to the applicant and if applicable, the licensed insurance agent, upon payment of the premium to the association. The association shall pay the authorized commission to the licensed agent as designated by the applicant. The association shall not pay commission to a nonresident agent. The association may pay commission to a licensed nonresident business entity agent for assistance provided by an individual resident agent affiliated with that nonresident business entity agent.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(H)(4)	Shall Not	(4) If a risk is accepted by the association, it shall deliver a policy or binder to the applicant and if applicable, the licensed insurance agent, upon payment of the premium to the association. The association shall pay the authorized commission to the licensed agent as designated by the applicant. The association shall not pay commission to a nonresident agent. The association may pay commission to a licensed nonresident business entity agent for assistance provided by an individual resident agent affiliated with that nonresident business entity agent.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(H)(5)	Shall	(5) The association, upon receipt of the applicable premium from the applicant, shall issue the policy to be effective the day following receipt of the premium. The policy shall be issued in the name of the association as provided in section 3929.481 of the Revised Code.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(H)(6)	Shall	(6) The policy shall be issued for a term of one year.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(H)(7)	Other - requires an action	(7) If the property is found to be an insurable risk but the inspection reveals that there are one or more unsatisfactory conditions, charges will be imposed in conformity with the rating plans on file with the superintendent. If the unsatisfactory conditions are corrected, and such corrections are verified, the charges shall be revised.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(H)(8)	Shall	(8) If the association determines that the property is not an acceptable risk, the association shall, within ten days, send the applicant a written statement setting forth in reasonable detail the features of the property or conditions which prevent it from constituting an acceptable risk and the corrections to be made in order to make the property an acceptable risk.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(H)(9)	Shall	(9) Upon completion of the required corrections by the applicant, the association, when notified, shall promptly reinspect the property, if such reinspection is necessary to determine eligibility.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(I)(1)	Shall	(1) Each application shall clearly indicate the availability of a binder to an applicant.	3929.43: 3901.041	Yes, state law	Yes, state law
3901-1-18	(I)(2)	Shall	(2) A binder shall be issued to the applicant upon payment to the association of the minimum binder deposit premium and provided the application indicates that the risk preliminarily meets the association's underwriting standards. The earliest a binder shall be effective is at one minute after twelve a.m. the day following receipt of the premium and completed application by the association .	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(I)(4)	Shall	(4) The binder shall remain in effect until the risk is accepted by the association or until cancelled and the reasons for cancellation given to the applicant.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(I)(5)	Shall	(5) Binders shall be issued for a definite period, not to exceed one year.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(I)(6)(a)	Shall	(a) If an insurance policy is to be issued, the policy shall commence on the effective date of the binder. Policies so issued are not subject to flat cancellation.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(I)(6)(b)	Must	(b) If an insurance policy will not be issued, the full earned premium must be charged subject to the rules governing cancellation of policies.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(I)(6)(c)	Shall	(c) A binder shall be void upon the acceptance of a risk by the association and the payment of any additional premium indicated by an inspection; or upon the cancellation of a risk and notice of reasons for the cancellation given to the applicant.	3949.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(I)(7)(a)	Shall Not	(a) The association shall not cancel a policy or binder issued by it, except: (i) For cause, which would have been grounds for nonacceptance of the risk had such cause been known to the association at the time of acceptance; or (ii) For nonpayment; or (iii) At the request of an insured.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(I)(7)(b)	Shall	(b) Notice of cancellation, together with the reasons therefore, shall be sent to the insured.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(I)(7)(c)	Shall	(c) Any cancellation notice to an insured shall be accompanied by a statement that the insured has a right to appeal as provided in paragraph (J) of this rule.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(I)(8)	Shall	(8) If a property meets all underwriting requirements, the association shall compute the actual annual premium from rates approved by the superintendent of insurance pursuant to Chapter 3935. of the Revised Code. A return premium will be forwarded to the applicant if the provisional binder premium exceeds the actual annual premium. The association shall request additional premium if the actual annual premium exceeds the estimated provisional binder premium.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(I)(8)	Shall	(8) If a property meets all underwriting requirements, the association shall compute the actual annual premium from rates approved by the superintendent of insurance pursuant to Chapter 3935. of the Revised Code. A return premium will be forwarded to the applicant if the provisional binder premium exceeds the actual annual premium. The association shall request additional premium if the actual annual premium exceeds the estimated provisional binder premium.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(I)(9)	Shall	(9) If a property does not meet all underwriting requirements, the association shall cancel the binder on a pro rata basis. If an applicant requests cancellation of a binder, the association shall cancel in accordance with cancellation provisions of the coverage forms approved by the superintendent.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(I)(9)	Shall	(9) If a property does not meet all underwriting requirements, the association shall cancel the binder on a pro rata basis. If an applicant requests cancellation of a binder, the association shall cancel in accordance with cancellation provisions of the coverage forms approved by the superintendent.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(J)(1)	Shall	(1) Any applicant or insured shall have the right to appeal any action or decision of the association to the board of the association. Such appeal to the board must be made in writing within thirty days after receipt of notice of the action or decision of the association. Within forty-five days from receipt of an appeal, the board, upon no less than ten days notice to the insured, shall hold a hearing on the appeal. For good cause shown, by the insured or the association, the hearing may be continued for not more than sixty days. The board shall render its decision on the appeal and notify the applicant or insured of its decision no later than ten days after the hearing. Each denial of insurance to an applicant shall be accompanied by a statement to the applicant and the licensed agent that the applicant has the right to appeal.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(J)(1)	Shall	(1) Any applicant or insured shall have the right to appeal any action or decision of the association to the board of the association. Such appeal to the board must be made in writing within thirty days after receipt of notice of the action or decision of the association. Within forty-five days from receipt of an appeal, the board, upon no less than ten days notice to the insured, shall hold a hearing on the appeal. For good cause shown, by the insured or the association, the hearing may be continued for not more than sixty days. The board shall render its decision on the appeal and notify the applicant or insured of its decision no later than ten days after the hearing. Each denial of insurance to an applicant shall be accompanied by a statement to the applicant and the licensed agent that the applicant has the right to appeal.	3929.43:041; 3901.041	Yes, state law	Yes, state law

3901-1-18	(J)(1)	Shall	(1) Any applicant or insured shall have the right to appeal any action or decision of the association to the board of the association. Such appeal to the board must be made in writing within thirty days after receipt of notice of the action or decision of the association. Within forty-five days from receipt of an appeal, the board, upon no less than ten days notice to the insured, shall hold a hearing on the appeal. For good cause shown, by the insured or the association, the hearing may be continued for not more than sixty days. The board shall render its decision on the appeal and notify the applicant or insured of its decision no later than ten days after the hearing. Each denial of insurance to an applicant shall be accompanied by a statement to the applicant and the licensed agent that the applicant has the right to appeal.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(J)(1)	Shall	(1) Any applicant or insured shall have the right to appeal any action or decision of the association to the board of the association. Such appeal to the board must be made in writing within thirty days after receipt of notice of the action or decision of the association. Within forty-five days from receipt of an appeal, the board, upon no less than ten days notice to the insured, shall hold a hearing on the appeal. For good cause shown, by the insured or the association, the hearing may be continued for not more than sixty days. The board shall render its decision on the appeal and notify the applicant or insured of its decision no later than ten days after the hearing. Each denial of insurance to an applicant shall be accompanied by a statement to the applicant and the licensed agent that the applicant has the right to appeal.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(J)(2)	Shall	(2) Any applicant, insured, or member insurer shall have the right to appeal to the superintendent any action or decision of the board. An appeal shall be made within thirty days of the board's action or decision. The decision of the superintendent of an appeal is a final order and is subject to judicial review as provided in Chapter 119. of the Revised Code.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(K)	Shall	Each member of any association committee, each association officer, employee, or member insurer, and each member of the board shall be indemnified against liability incurred in connection with the affairs of the association. The conditions and limits of such indemnification are provided in "Article IX of the Constitution," "Articles of Agreement" and "Bylaws of the Association."	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(L)	Shall	The association shall obtain fidelity bonds in the amount as prescribed by the superintendent. These bonds shall reimburse the association for any pecuniary loss it may sustain by any act or acts of fraud or dishonesty on the part of members of the board, association officers or employees in the discharge of their duties.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(M)(1)	Shall	(1) The association shall be governed by a board.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(M)(2)	Shall	(2) The board shall meet as often as may be required to perform the general duties of administration of the association or on the call of the superintendent. Seven members of the board shall constitute a quorum.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(M)(3)	Shall	(3) The board shall appoint a general manager as administrator who shall serve at the pleasure of the board and perform such duties as the board designates.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(M)(4)	Shall	(4) The board may promulgate guidelines consistent with state law and the plan of operation to govern such internal operations as investments, personnel, underwriting standards and claims practices. The guidelines shall be in writing and filed with the superintendent.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(M)(5)	Shall	(5) The board shall undertake a public education program to assure that the services of the association receive adequate public attention. In accordance with division (I) of section 3929.43 of the Revised Code, the board shall adopt a written program for decreasing the overall utilization of the association as a source of insurance.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(M)(5)	Shall	(5) The board shall undertake a public education program to assure that the services of the association receive adequate public attention. In accordance with division (I) of section 3929.43 of the Revised Code, the board shall adopt a written program for decreasing the overall utilization of the association as a source of insurance.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(O)(1)	Shall	(1) The association shall operate as a joint underwriting association insuring one hundred per cent of the risk on behalf of its member insurers. It may cede or purchase reinsurance in the name of the association or on behalf of member insurers on eligible risks written through the association.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(O)(2)	Shall	(2) Each member insurer shall participate in the writings, expenses, assessments, profits and losses of the association in the same proportion as a member insurer's premiums written bear to the aggregate premiums written by all member insurers as determined by the board.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(O)(3)	Shall	(3) There shall be an annual meeting of the association and its member insurers at a time and place fixed by the superintendent. Representatives of member insurers on the board shall serve for a period of one year or until successors are elected or designated.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(O)(3)	Shall	(3) There shall be an annual meeting of the association and its member insurers at a time and place fixed by the superintendent. Representatives of member insurers on the board shall serve for a period of one year or until successors are elected or designated.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(O)(4)	Shall	(4) A special meeting may be called at such time and place designated by the superintendent or upon the written request to the superintendent.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(O)(5)	Shall	(5) Twenty days notice of an annual or special meeting shall be given in writing by the board to member insurers. A majority of member insurers present at a meeting shall constitute a quorum. Voting by proxy shall be permitted. Notice of any meeting shall be accompanied by an agenda for the meeting.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(O)(6)	Shall	(6) Any matter may be proposed and voted upon by mail, provided such procedure is unanimously authorized by the members of the board present and voting at any meeting of the board. If so approved by the board, notice of any proposal shall be mailed to member insurers not less than twenty days prior to the final date fixed by the board for voting thereon.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(O)(7)	Shall	(7) At any regular or special meeting at which the vote of member insurers is or may be required on any proposal, or any vote of member insurers which may be taken by regular mail, email or other electronic means on any proposal, votes shall be cast and counted on a weighted basis in accordance with each member insurer's respective habitational or commercial premiums written, as the case may be.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(P)(1)	Shall	(1) In the event any member insurer fails to pay the assessment for its proportionate part of any loss or expense because the member insurer is insolvent, and the board determines that the assessment cannot be collected within a reasonable period of time, the unpaid assessment shall be paid by the remaining member insurers, each contributing in the manner provided by division (E) of section 3929.43 of the Revised Code, but without regard to the premium writings of the insolvent member insurer. The insolvent member insurer shall remain liable to the association for the full amount of the assessment and any collection made by the association against the assessment shall be credited and paid back to the other member insurers in the same proportions as shall have been utilized in calculating each member insurer's contribution toward the unpaid assessment.	3929.43; 3901;041	Yes, state law	Yes, state law
3901-1-18	(P)(2)	Other - prohibits an action	(2) No refund which would otherwise be paid under the plan of operation shall be paid to a member when its membership has been terminated, or to the liquidator, receiver, conservator, or statutory successor of a member insurer until the assessment of the member insurer has been paid. A refund shall be applied as a set-off against an assessment. Any balance remaining shall be paid to the member insurer or to the liquidator, receiver, conservator, or statutory successor of the member insurer.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(P)(2)	Shall	(2) No refund which would otherwise be paid under the plan of operation shall be paid to a member when its membership has been terminated, or to the liquidator, receiver, conservator, or statutory successor of a member insurer until the assessment of the member insurer has been paid. A refund shall be applied as a set-off against an assessment. Any balance remaining shall be paid to the member insurer or to the liquidator, receiver, conservator, or statutory successor of the member insurer.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(P)(2)	Shall	(2) No refund which would otherwise be paid under the plan of operation shall be paid to a member when its membership has been terminated, or to the liquidator, receiver, conservator, or statutory successor of a member insurer until the assessment of the member insurer has been paid. A refund shall be applied as a set-off against an assessment. Any balance remaining shall be paid to the member insurer or to the liquidator, receiver, conservator, or statutory successor of the member insurer.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(Q)(1)	Shall	(1) At such times as may be determined by the board and approved by the superintendent, the board shall establish an annual rate of assessment needed to cover any deficit arising out of the operation of the association. The rate of assessment shall be based upon a reasonable estimate of a deficit expected to occur. The association may levy advance assessments at that rate against member insurers, payable in periodic installments, subject to approval by the superintendent.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(Q)(3)	Shall	(3) Each member insurer may recoup assessments levied against it by adjusting its premiums for basic property insurance and homeowner's insurance by the addition of a rating factor computed from time to time by the board and approved by the superintendent. The board shall notify all member insurers of the amount of the rating factor and any changes to it.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(Q)(4)	Shall	(4) Any member insurer implementing a change in rates pursuant to division (D)(2) of section 3929.43 of the Revised Code, shall file the change with the superintendent. The change shall not increase rates more than the amount authorized by the association and approved by the superintendent pursuant to the plan.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(Q)(4)	Shall Not	(4) Any member insurer implementing a change in rates pursuant to division (D)(2) of section 3929.43 of the Revised Code, shall file the change with the superintendent. The change shall not increase rates more than the amount authorized by the association and approved by the superintendent pursuant to the plan.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(R)	Other - prohibits an action	No reinsurance plan or proposal of the association shall be implemented prior to being filed with the superintendent.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(S)(1)	Shall	(1) Every insurance policy issued by the association shall be separately coded for statistical purposes.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(S)(2)	Shall	(2) The association shall comply with any reporting requirements of the superintendent in respect of its underwriting operations and experience. The reports shall be made at least annually in such form and detail as may be required by the superintendent under section 3935.03 of the Revised Code.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(S)(3)	Shall	(3) The association shall report its loss and expense experience to a statistical organization approved by the superintendent. Its loss and expense experience shall be reported in a form and according to a plan filed by the statistical organization with the superintendent.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(S)(3)	Shall	(3) The association shall report its loss and expense experience to a statistical organization approved by the superintendent. Its loss and expense experience shall be reported in a form and according to a plan filed by the statistical organization with the superintendent.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(S)(4)	Shall	(4) The association shall submit to the superintendent periodic reports concerning the number of risks inspected, the number of risks accepted, the number of risks conditionally accepted, the number of reinspections made and the number of risks declined.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(T)	Shall	Ten days prior to the distribution to its member insurers of any funds held by the association, notification shall be given to the superintendent.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(U)	Shall	All policies, endorsements, forms, manual rates or rating plans, minimum class rates, rating schedules, rating rules, and every modification of the same shall be those filed with the superintendent. The association may file special notice endorsements for review by the superintendent. In the event that the superintendent approves a rating factor under paragraph (Q)(3) of this rule, such increment shall be applicable to all policies issued by the association.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(U)	Shall	All policies, endorsements, forms, manual rates or rating plans, minimum class rates, rating schedules, rating rules, and every modification of the same shall be those filed with the superintendent. The association may file special notice endorsements for review by the superintendent. In the event that the superintendent approves a rating factor under paragraph (Q)(3) of this rule, such increment shall be applicable to all policies issued by the association.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(V)	Shall	The association shall file annual and quarterly financial statements with the superintendent in the form prescribed by the superintendent. Annual financial statements shall be prepared and furnished to the superintendent on or before March first of the following year.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(W)	Shall	The superintendent or any person designated by the superintendent may examine the operation of the association in accordance with section 3929.45 of the Revised Code. The expenses of the examination shall be paid by the association.	3929.43; 3929.45; 3901.041	Yes, state law	Yes, state law
3901-1-18	(X)	Shall	The association shall invest its funds in accordance with section 3925.08 of the Revised Code.	3929.43; 3925.08; 3901.041	Yes, state law	Yes, state law
3901-1-18	(Y)(1)	Shall	(1) The plan of operation and any amendment thereto shall be subject to the approval of the superintendent and adopted pursuant to Chapter 119. of the Revised Code.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(Y)(2)	Shall	(2) The plan of operation shall be administered under the supervision of the superintendent.	3929.43; 3901.041	Yes, state law	Yes, state law

3901-1-18	(Y)(3)	Shall	(3) The association shall submit to the superintendent periodic reports as the superintendent deems necessary.	3929.43; 3901.041	Yes, state law	Yes, state law
3901-1-18	(Z)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-22	(D)	Must	Every filing for a risk modification plan must contain satisfactory specifications of factors or elements to be applied. The risk modification plan shall not duplicate any factor or element already fully reflected in the basic premium or rates.	3901.041, 3935.03, 3935.04, 3937.02 and 3937.03	No, general rulemaking authority	No, general rulemaking authority
3901-1-22	(D)	Shall Not	Every filing for a risk modification plan must contain satisfactory specifications of factors or elements to be applied. The risk modification plan shall not duplicate any factor or element already fully reflected in the basic premium or rates.	3901.041, 3935.03, 3935.04, 3937.02 and 3937.03	No, general rulemaking authority	No, general rulemaking authority
3901-1-22	(E)	Shall	Every filing for a risk modification plan shall indicate any eligibility criteria, including, but not limited to, any minimum premium criteria that the insurer utilizes to determine if the risk modification plan should be applied to a particular risk. A risk modification plan must be applied to all eligible risks.	3901.041, 3935.03, 3935.04, 3937.02 and 3937.03	No, general rulemaking authority	No, general rulemaking authority
3901-1-22	(F)	Shall	A limit of twenty-five per cent maximum debit and credit shall be applied to the premium or rate based on the application of a risk modification plan. This limitation does not apply to any debit or credit applied to the premium or rate based on the application of an experience modification plan or an expense modification plan.	3901.041, 3935.03, 3935.04, 3937.02 and 3937.03	No, general rulemaking authority	No, general rulemaking authority
3901-1-22	(G)	Shall	Each company shall obtain all information necessary to determine the proper application of the risk modification plan to any particular risk. Each company shall maintain adequate supporting information for inspection by the superintendent of insurance, upon request, for a period of not less than three years.	3901.041, 3935.03, 3935.04, 3937.02 and 3937.03	No, general rulemaking authority	No, general rulemaking authority
3901-1-22	(G)	Shall	Each company shall obtain all information necessary to determine the proper application of the risk modification plan to any particular risk. Each company shall maintain adequate supporting information for inspection by the superintendent of insurance, upon request, for a period of not less than three years.	3901.041, 3935.03, 3935.04, 3937.02 and 3937.03	No, general rulemaking authority	No, general rulemaking authority
3901-1-22	(I)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms or provisions shall be and continue in full force and effect.	3901.041, 3935.03, 3935.04, 3937.02 and 3937.03	No, general rulemaking authority	No, general rulemaking authority
3901-1-23	(C)(1)	Shall	(1) Inland marine risks shall be established by the nation-wide inland marine definition, approved and recommended by the "National Association of Insurance Commissioners" on December 9, 1976 .	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-23	(C)(2)	Shall	(2) Any company wishing to deviate from the nation-wide inland marine definition shall make a formal filing and obtain approval of the superintendent of insurance before using such deviation.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-23	(D)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(C)(1)	Other - prohibits an action	No public insurance adjuster or public insurance agent shall: (1) Engage in any manner or degree, for compensation of any kind, in the business of repairing, remodeling, or replacing damaged or destroyed property, real or personal, which damage or destruction is covered by a policy of insurance; nor have any direct or indirect interest in, nor receive compensation of any kind from any person, firm, association, partnership, or corporation which is engaged in such business;	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(C)(2)	Other - prohibits an action	No public insurance adjuster or public insurance agent shall: (2) Attempt in any manner to solicit a loss during the progress of a fire or while the fire department or any of its representatives are in any manner engaged at the damaged premises; nor in any way interfere with the performance of the duties of an investigator of the state fire marshal's office, an investigator of any fire department, or a law enforcement official of this state or of any political subdivision thereof;	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(C)(2)	Other - prohibits an action	No public insurance adjuster or public insurance agent shall: (2) Attempt in any manner to solicit a loss during the progress of a fire or while the fire department or any of its representatives are in any manner engaged at the damaged premises; nor in any way interfere with the performance of the duties of an investigator of the state fire marshal's office, an investigator of any fire department, or a law enforcement official of this state or of any political subdivision thereof;	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(C)(3)	Other - prohibits an action	No public insurance adjuster or public insurance agent shall: (3) Give or offer to give to an insured or his representative any portion of the adjuster's fee or anticipated settlement of the claim for loss or damage as an inducement to secure a contract for the adjustment of a loss;	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(C)(4)	Other - prohibits an action	No public insurance adjuster or public insurance agent shall: (4) Represent himself to be an adjuster for or a representative of any insurance company, a fire investigator, or a person connected with any fire department or law enforcement agency;	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(C)(5)	Other - prohibits an action	No public insurance adjuster or public insurance agent shall: (5) Compensate any person to act on his behalf in the solicitation, negotiation, or settlement of a claim unless such person is licensed as a public insurance adjuster or a public insurance adjuster agent;	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-24	(C)(6)	Other - prohibits an action	No public insurance adjuster or public insurance agent shall: (6) Make an inventory or estimate of loss or damage other than that which is fair and honest;	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(C)(7)	Other - prohibits an action	No public insurance adjuster or public insurance agent shall: (7) Own or acquire any direct or indirect financial interest in any property, real or personal, which is the subject of a loss adjusted by him; nor have any direct or indirect financial interest in the sale of any salvage of any property which is the subject of a loss adjusted by him.	Chapter 3951. and section 3901.041	No, general rulemaking authority	
3901-1-24	(D)	Shall	Every public insurance adjuster shall keep a full record of his transaction as an adjuster for the previous three years and such records shall be open at all times to the inspection of the superintendent of insurance or his representative. Such records shall show for each loss adjusted by him: (1) The name of the insured; (2) The date, location, and the public insurance adjuster's estimate of the amount of loss; (3) The name of the insurer or insurers which issued any policy covering the loss which was the subject of the adjustment; (4) The amount of coverage, the expiration date, and the number of each policy of insurance covering such loss; (5) An itemized statement of all recoveries by the insured from all sources with regard to such loss; (6) The names and addresses of any person or persons soliciting the adjustment on behalf of the public insurance adjuster and the date and time when solicited; (7) The total compensation received by the public insurance adjuster for the adjustment of the loss; (8) Copies of any agreements between the public insurance adjuster and the insured; and (9) Names and addresses of all contractors who performed or contracted to perform work of any kind on the damaged or destroyed property prior to settlement of the claim.	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(E)(1)	Other - prohibits an action	(1) No public insurance adjuster shall use in his business as a public insurance adjuster a contract whereby an insured engages or employs the public insurance adjuster to perform the functions specified in division (A) of section 3951.01 of the Revised Code until thirty days after the form of such contract has been filed with the superintendent of insurance, unless within such time the superintendent gives the public insurance adjuster written approval for the use of such form. If the superintendent finds within such thirty-day period that the form filed contains any language which is prohibited by any law of this state, including any rule of the superintendent, or that it is inconsistent, ambiguous, misleading, deceptive, or likely to mislead an insured, the superintendent will give written notice of such finding to the public insurance adjuster who filed the form, and the public insurance adjuster shall thereafter not use such form.	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-24	(E)(1)	Other - requires an action	(1) No public insurance adjuster shall use in his business as a public insurance adjuster a contract whereby an insured engages or employs the public insurance adjuster to perform the functions specified in division (A) of section 3951.01 of the Revised Code until thirty days after the form of such contract has been filed with the superintendent of insurance, unless within such time the superintendent gives the public insurance adjuster written approval for the use of such form. If the superintendent finds within such thirty-day period that the form filed contains any language which is prohibited by any law of this state, including any rule of the superintendent, or that it is inconsistent, ambiguous, misleading, deceptive, or likely to mislead an insured, the superintendent will give written notice of such finding to the public insurance adjuster who filed the form, and the public insurance adjuster shall thereafter not use such form.	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(E)(1)	Shall Not	(1) No public insurance adjuster shall use in his business as a public insurance adjuster a contract whereby an insured engages or employs the public insurance adjuster to perform the functions specified in division (A) of section 3951.01 of the Revised Code until thirty days after the form of such contract has been filed with the superintendent of insurance, unless within such time the superintendent gives the public insurance adjuster written approval for the use of such form. If the superintendent finds within such thirty-day period that the form filed contains any language which is prohibited by any law of this state, including any rule of the superintendent, or that it is inconsistent, ambiguous, misleading, deceptive, or likely to mislead an insured, the superintendent will give written notice of such finding to the public insurance adjuster who filed the form, and the public insurance adjuster shall thereafter not use such form.	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(E)(2)	Must	(2) Every such contract must conspicuously set out the fee of the public insurance adjuster for the adjustment services to be rendered the insured pursuant to the contract.	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(F)(1)(a)	Other - prohibits an action	(1) No insurer authorized to issue the types of insurance policies set forth in division (B) of section 3951.01 of the Revised Code shall: (a) Recognize a public insurance adjuster as a party interested in the proceeds of any insurance settlements arising from such policies or negotiate an insurance settlement with a public insurance adjuster representing an insured unless such public insurance adjuster has been duly licensed as a public insurance adjuster by the department of insurance.	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(F)(1)(b)	Other - prohibits an action	(1) No insurer authorized to issue the types of insurance policies set forth in division (B) of section 3951.01 of the Revised Code shall: (b) Negotiate an insurance settlement with a representative of an insured, other than a licensed public insurance adjuster, unless such representative has been duly appointed as such by a court of law or is one of those persons enumerated in division (E) of section 3951.01 of the Revised Code.	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-24	(F)(2)	Shall	(2) Each insurance company referred to in paragraph (F)(1) of this rule shall keep a record of each insurance loss and/or settlement wherein the insured was represented by a public insurance adjuster. Such record shall include a copy of the public insurance adjuster's certificate of authority.	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(G)	Shall	The superintendent of insurance may suspend, revoke, or refuse to renew the license of a public insurance adjuster or public insurance adjuster agent found to be in violation of this rule. Such suspension, revocation, or refusal to renew shall be in addition to, not a substitution for the penalties provided in section 3951.99 of the Revised Code.	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-24	(H)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	Chapter 3951. and section 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-31	(C)	Other - prohibits an action	No insurance company shall issue any group policy with respect to any kind of insurance subject to either Chapter 3935. or 3937. of the Revised Code unless: (1) It is a kind of insurance which, if issued to an employer, would permit the employer's contributions, if any, to be deductible by the employer and to be excluded from the gross income of the employees, their spouses, and dependents under the applicable provisions of the Internal Revenue Code of 1986; and (2) It is a kind of insurance which the insurance company is authorized to transact pursuant to its certificate of authority.	3901.041 and 3941.02	No, general rulemaking authority	No, general rulemaking authority
3901-1-31	(D)	Shall	Any kind of insurance which meets the requirements of paragraph (C) of this rule may be written by issuing a group policy to: (1) Any employer; or (2) Any association, including a labor union, which has a constitution and by-laws and which has been organized and is maintained in good faith for purposes other than that of obtaining insurance; or (3) Any other substantially similar group which, in the discretion of the superintendent of insurance, may be subject to the issuance of a group policy. Such group policy shall be for the benefit of the employees or members of the insured group, including their dependents or members of their immediate families if they are included in the coverage.	3901.041 and 3941.02	No, general rulemaking authority	No, general rulemaking authority
3901-1-31	(E)	Shall	Any filing made by an insurance company pertaining to a group policy authorized by this rule shall comply with and be subject to the provisions of either Chapter 3935. or 3937. of the Revised Code, whichever is applicable to the kind of insurance being written, and shall include an individual certificate, to be delivered to each employee or member of the insured group, setting forth in summary form a statement of the essential features of the insurance coverage of such employees or members, the insurance coverage of their dependents or members of their immediate families if they are included in the coverage, and to whom benefits thereunder are payable. Rates shall not be deemed to be unfairly discriminatory because different premiums result from differences in either or both loss exposures and expense factors, so long as the rates reflect the differences with reasonable accuracy.	3901.041 and 3941.02	No, general rulemaking authority	No, general rulemaking authority

3901-1-31	(E)	Shall	Any filing made by an insurance company pertaining to a group policy authorized by this rule shall comply with and be subject to the provisions of either Chapter 3935. or 3937. of the Revised Code, whichever is applicable to the kind of insurance being written, and shall include an individual certificate, to be delivered to each employee or member of the insured group, setting forth in summary form a statement of the essential features of the insurance coverage of such employees or members, the insurance coverage of their dependents or members of their immediate families if they are included in the coverage, and to whom benefits thereunder are payable. Rates shall not be deemed to be unfairly discriminatory because different premiums result from differences in either or both loss exposures and expense factors, so long as the rates reflect the differences with reasonable accuracy.	3901.041 and 3941.02	No, general rulemaking authority	No, general rulemaking authority
3901-1-31	(E)	Shall Not	Any filing made by an insurance company pertaining to a group policy authorized by this rule shall comply with and be subject to the provisions of either Chapter 3935. or 3937. of the Revised Code, whichever is applicable to the kind of insurance being written, and shall include an individual certificate, to be delivered to each employee or member of the insured group, setting forth in summary form a statement of the essential features of the insurance coverage of such employees or members, the insurance coverage of their dependents or members of their immediate families if they are included in the coverage, and to whom benefits thereunder are payable. Rates shall not be deemed to be unfairly discriminatory because different premiums result from differences in either or both loss exposures and expense factors, so long as the rates reflect the differences with reasonable accuracy.	3901.041 and 3941.02	No, general rulemaking authority	No, general rulemaking authority
3901-1-31	(F)	Other - prohibits an action	No person shall act as an insurance agent in the solicitation or issuance of a group policy authorized by this rule unless such person is duly licensed as an agent for that kind of insurance under the applicable sections of the Revised Code.	3901.041 and 3941.02	No, general rulemaking authority	No, general rulemaking authority
3901-1-31	(G)	Shall Not	This rule shall not be applicable to the writing of inland marine insurance.	3901.041 and 3941.02	No, general rulemaking authority	No, general rulemaking authority
3901-1-31	(H)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041 and 3941.02	No, general rulemaking authority	No, general rulemaking authority
3901-1-47	(C)	Other - prohibits an action	No annuity shall be advertised or solicited using any language in advertisements or solicitation material of any kind that refers to the annuity as being "risk free," or "guaranteed safe," or using any language with a similar connotation. At the time an application is taken for a single premium deferred annuity, a disclosure form must be executed by the applicant and the selling agent and attached to the application. The disclosure language shall be in the exact form as set forth in appendix I of this rule.	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-1-47	(C)	Must	No annuity shall be advertised or solicited using any language in advertisements or solicitation material of any kind that refers to the annuity as being "risk free," or "guaranteed safe," or using any language with a similar connotation. At the time an application is taken for a single premium deferred annuity, a disclosure form must be executed by the applicant and the selling agent and attached to the application. The disclosure language shall be in the exact form as set forth in appendix I of this rule.	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-47	(C)	Shall	No annuity shall be advertised or solicited using any language in advertisements or solicitation material of any kind that refers to the annuity as being "risk free," or "guaranteed safe," or using any language with a similar connotation. At the time an application is taken for a single premium deferred annuity, a disclosure form must be executed by the applicant and the selling agent and attached to the application. The disclosure language shall be in the exact form as set forth in appendix I of this rule.	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-47	(D)	Shall Not	Each paragraph of this rule and every part of each paragraph is an independent section and part of a section, and the holding of any section or a part thereof to be unconstitutional, void, or ineffective for any clause does not affect the validity or constitutionality of any other section or part thereof.	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-47	APPENDIX	Other - requires an action			No, general rulemaking authority	No, general rulemaking authority
3901-1-48	(D)(1)	Shall	(D) Board of governors (1) The association and fund shall be administered by the board consisting of the director of natural resources or the director's designee, as chairperson, the treasurer of the state or the treasurer of state's designee, the superintendent of insurance or the superintendent's designee, and one representative from member companies. The representative from the member companies shall be an Ohio-domiciled member of the association.	3901.041		
3901-1-48	(D)(2)	Shall	(D) Board of governors (2) The board shall approve all actions of the association, have the responsibility of administering the association and fund.	3901.041	Yes, state law	Yes, state law
3901-1-48	(D)(3)	Shall	(D) Board of governors (3) The board shall meet as often as is required to perform the duties of administration, and shall meet upon the request of any single member of the board. In no event shall the board meet less than two times per year.	3901.041	Yes, state law	Yes, state law

3901-1-48	(E) (1)	Shall	(E) Meeting of members (1) Members shall elect their authorized representative every three years. The member companyrepresentative elected to the board shall be an Ohio-domiciled company.	3901.041		
3901-1-48	(E) (2)	Shall	(E) Meeting of members (2) The members may hold meetings as needed and during any such meeting, a quorum shall consistof a simple majority of members present.	3901.041	Yes, state law	Yes, state law
3901-1-48	(E) (3)	Shall	(E) Meeting of members (3) Each member shall be entitled to one vote. Members in the same group of insurers shall be entitled to one vote only.	3901.041	Yes, state law	Yes, state law
3901-1-48	(F)	Shall	(F) Liability Every policy of mine subsidence insurance written hereunder shall provide that such policy does not create any liability on the part of the member issuing such policy, the association, or any organization with which it may contract for administrative or claims services, beyond the net premium on suchpolicies paid into the fund. Such policies shall create no liability beyond the amounts in the fund, on the part of the state of Ohio, the "Ohio Insurance Guaranty Association" and its member companies or any other person or organization.	3901.041	Yes, state law	Yes, state law
3901-1-48	(G)(1)	Shall	(G) Notice of availability of mine subsidence insurance (1) Every insurer that offers basic property and homeowners insurance insuring on a direct basis a structure located in the counties of Athens, Belmont, Carroll, Columbiana, Coshocton, Gallia, Guernsey, Harrison, Hocking, Holmes, Jackson, Jefferson, Lawrence, Mahoning, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Scioto, Stark, Trumbull, Tuscarawas, Vinton and Washington shall include mine subsidence coverage provided by the Ohio mine subsidence insurance underwriting association in each policy of basic property and homeowners insurance that is delivered, issued for delivery or renewed in any of such counties.	3901.041		
3901-1-48	(G)(2)	Must	(G) Notice of availability of mine subsidence insurance (2) The mine subsidence insurance governing board herein designates Delaware, Erie, Geauga, Lake, Licking, Medina, Ottawa, Portage, Preble, Summit and Wayne counties as counties in which mine subsidence coverage must be offered, on an optional basis, by an insurer.	3901.041		

3901-1-48	(G)(2)(a)	Shall	(G) Notice of availability of mine subsidence insurance (a) Every insurer that offers basic property and homeowners insurance insuring on a direct basis to a structure located in any county designated in paragraph (G)(2) of this rule shall offer to include, on an optional basis, mine subsidence coverage provided by the association in each policy of basic property insurance that is delivered, issued for delivery, or renewed in any such designated county.	3901.041		
3901-1-48	(G)(2)(b)	Shall	(G) Notice of availability of mine subsidence insurance (b) This offer shall contain language and be in a form approved by the superintendent which includes a description of mine subsidence coverage, a statement that the purchase of the coverage is optional, and the premium charged for the coverage.	3901.041	Yes, state law	Yes, state law
3901-1-48	(H)	Shall	(H) Application for coverage A member insurer who receives a request from a named insured or applicant for mine subsidence shall forward to that named insured or applicant an application for mine subsidence coverage. Such application may be included, at the insurer's option, with the offer described in paragraph (G)(2)(a) of this rule. The form of the application shall be approved by the superintendent.	3901.041	Yes, state law	Yes, state law
3901-1-48	(H)	Shall	(H) Application for coverage A member insurer who receives a request from a named insured or applicant for mine subsidence shall forward to that named insured or applicant an application for mine subsidence coverage. Such application may be included, at the insurer's option, with the offer described in paragraph (G)(2)(a) of this rule. The form of the application shall be approved by the superintendent.	3901.041	Yes, state law	Yes, state law
3901-1-48	(I)	Shall	(I) Administration and claims processing The board may retain a contractor to provide administrative and claims processing. When a contractor is retained, the board may from time to time review: (1) The performance of the contractor; (2) The procedures and standards used by the contractor for administration and claims processing; and (3) The application of those procedures and standards to applicants for insurance and to claims of insureds.	3901.041		
3901-1-48	(J)(1)	Must	(J) Underwriting (1) Mine subsidence coverage will be available on eligible property. Eligible property must be: (a) A structure as defined in this rule; (b) Covered by a valid basic property or homeowners insurance policy.	3901.041	Yes, state law	Yes, state law

3901-1-48	(J)(2)	Other - requires an action	(2) The member may refuse to provide mine subsidence coverage on an otherwise eligible property where: (a) The structure evidences un-repaired subsidence damage; or (b) The structure evidences any mine subsidence damage in progress.	3901.041	Yes, state law	Yes, state law
3901-1-48	(J)(3)	Shall Not	(3) The limit of liability for direct loss caused by mine subsidence under this plan of operation shall not exceed an amount equal to the coverage on the dwelling provided by a basic property or homeowners policy, or three hundred thousand dollars, whichever is less, and shall not exceed the amount expressed in the mine subsidence coverage form as approved by the mine subsidence insurance governing board and approved by the superintendent of insurance.	3901.041	Yes, state law	Yes, state law
3901-1-48	(J)(3)	Shall Not	(3) The limit of liability for direct loss caused by mine subsidence under this plan of operation shall not exceed an amount equal to the coverage on the dwelling provided by a basic property or homeowners policy, or three hundred thousand dollars, whichever is less, and shall not exceed the amount expressed in the mine subsidence coverage form as approved by the mine subsidence insurance governing board and approved by the superintendent of insurance.	3901.041	Yes, state law	Yes, state law
3901-1-48	(J)(4)	Shall	(4) All coverage provided pursuant to this plan of operation is subject to a deductible as expressed in the mine subsidence coverage form as approved by the mine subsidence insurance governing board and approved by the superintendent of insurance, but at no time shall the deductible be less than two hundred fifty dollars, or more than five hundred dollars.	3901.041	Yes, state law	Yes, state law
3901-1-48	(K)(1)	Shall	(K) Rates and forms (1) Rates. The board shall periodically review the premium level and experience data and recommend to the superintendent a rate or schedule of rates sufficient to satisfy: (a) All foreseeable claims; (b) Normal cost of operation; and (c) A reserve for unexpected contingencies. However, the premium level for mine subsidence coverage in a county designated for optional coverage shall not exceed an annual rate that is greater than twenty dollars. The premium level for mine subsidence coverage in a county as designated in paragraph (G)(1) of this rule shall not exceed an annual rate that is greater than five dollars.	3901.041	Yes, state law	Yes, state law

3901-1-48	(K)(1)(c)	Shall Not	(K) Rates and forms (1) Rates. The board shall periodically review the premium level and experience data and recommend to the superintendent a rate or schedule of rates sufficient to satisfy: (a) All foreseeable claims; (b) Normal cost of operation; and (c) A reserve for unexpected contingencies. However, the premium level for mine subsidence coverage in a county designated for optional coverage shall not exceed an annual rate that is greater than twenty dollars. The premium level for mine subsidence coverage in a county as designated in paragraph (G)(1) of this rule shall not exceed an annual rate that is greater than five dollars.	3901.041	Yes, state law	Yes, state law
3901-1-48	(K)(1) (c)	Shall Not	(K) Rates and forms (1) Rates. The board shall periodically review the premium level and experience data and recommend to the superintendent a rate or schedule of rates sufficient to satisfy: (a) All foreseeable claims; (b) Normal cost of operation; and (c) A reserve for unexpected contingencies. However, the premium level for mine subsidence coverage in a county designated for optional coverage shall not exceed an annual rate that is greater than twenty dollars. The premium level for mine subsidence coverage in a county as designated in paragraph (G)(1) of this rule shall not exceed an annual rate that is greater than five dollars.	3901.041	Yes, state law	Yes, state law
3901-1-48	(K)(2)	Shall	(K) Rates and forms (2) Forms. The policy forms and language shall be approved by the superintendent.	3901.041	Yes, state law	Yes, state law
3901-1-48	(L)	Shall	(L) Audits The auditor shall audit the affairs of the fund in accordance with section 3929.55 of the Revised Codeat least once each year. The auditor shall ascertain the expenses incurred in making any such audit and shall certify the amount to the board for payment from the fund.	3901.041	Yes, state law	Yes, state law
3901-1-48	(M)(1)	Shall	(M) Reporting and statistics (1) Claim reports. Members shall, upon receipt of notice of claims from policyholder(s), confirm coverage and provide formal notice of claim to the association.	3901.041	Yes, state law	Yes, state law

3901-1-48	(M)(2)(a)	Shall	(2) Financial reports: (a) The fiscal period shall be the calendar year. (b) Members reports are required quarterly and shall be due on the forty-fifth day following the close of the quarter. (c) Members' reports shall be in forms approved by the board and shall include, at minimum: (i) Gross written premium on a per county basis. (ii) Premium cancelled/returned on a per county basis. (iii) Ceding commission withheld (for optional counties only). (d) Members reports shall be accompanied by the appropriate remittance which shall be full premium collected for mine subsidence coverage in the counties denoted in paragraph (G)(1) of this rule and the net premium (gross premium written, less ceding commission) in the counties denoted in paragraph (G)(2) of this rule less any cancellation/returns. In the event a balance is due to the insurer, that balance shall be carried forward as a credit against future written premiums. An insurer may apply for a refund only if it ceases to issue basic property or homeowner insurance coverage. (e) Members shall report and pay premium taxes as required. (f) The association shall review, verify and reconcile members' reports and research, and rectify any inconsistencies. (g) The association shall remit receipts to the fund, said remittance to be supported by a summary report of premium written, cancelled/ non-renewed, net premium written and commission taken.	3901.041	Yes, state law	Yes, state law
3901-1-48	(M)(2)(b)	Shall	(2) Financial reports: (a) The fiscal period shall be the calendar year. (b) Members reports are required quarterly and shall be due on the forty-fifth day following the close of the quarter. (c) Members' reports shall be in forms approved by the board and shall include, at minimum: (i) Gross written premium on a per county basis. (ii) Premium cancelled/returned on a per county basis. (iii) Ceding commission withheld (for optional counties only). (d) Members reports shall be accompanied by the appropriate remittance which shall be full premium collected for mine subsidence coverage in the counties denoted in paragraph (G)(1) of this rule and the net premium (gross premium written, less ceding commission) in the counties denoted in paragraph (G)(2) of this rule less any cancellation/returns. In the event a balance is due to the insurer, that balance shall be carried forward as a credit against future written premiums. An insurer may apply for a refund only if it ceases to issue basic property or homeowner insurance coverage. (e) Members shall report and pay premium taxes as required. (f) The association shall review, verify and reconcile members' reports and research, and rectify any inconsistencies. (g) The association shall remit receipts to the fund, said remittance to be supported by a summary report of premium written, cancelled/ non-renewed, net premium written and commission taken.	3901.041	Yes, state law	Yes, state law

3901-1-48	(M)(2)(c)	Shall	(2) Financial reports: (a) The fiscal period shall be the calendar year. (b) Members reports are required quarterly and shall be due on the forty-fifth day following the close of the quarter. (c) Members' reports shall be in forms approved by the board and shall include, at minimum: (i) Gross written premium on a per county basis. (ii) Premium cancelled/returned on a per county basis. (iii) Ceding commission withheld (for optional counties only). (d) Members reports shall be accompanied by the appropriate remittance which shall be full premium collected for mine subsidence coverage in the counties denoted in paragraph (G)(1) of this rule and the net premium (gross premium written, less ceding commission) in the counties denoted in paragraph (G)(2) of this rule less any cancellation/returns. In the event a balance is due to the insurer, that balance shall be carried forward as a credit against future written premiums. An insurer may apply for a refund only if it ceases to issue basic property or homeowner insurance coverage. (e) Members shall report and pay premium taxes as required. (f) The association shall review, verify and reconcile members' reports and research, and rectify any inconsistencies. (g) The association shall remit receipts to the fund, said remittance to be supported by a summary report of premium written, cancelled/ non-renewed, net premium written and commission taken.	3901.041	Yes, state law	Yes, state law
3901-1-48	(M)(2)(d)	Shall	(2) Financial reports: (a) The fiscal period shall be the calendar year. (b) Members reports are required quarterly and shall be due on the forty-fifth day following the close of the quarter. (c) Members' reports shall be in forms approved by the board and shall include, at minimum: (i) Gross written premium on a per county basis. (ii) Premium cancelled/returned on a per county basis. (iii) Ceding commission withheld (for optional counties only). (d) Members reports shall be accompanied by the appropriate remittance which shall be full premium collected for mine subsidence coverage in the counties denoted in paragraph (G)(1) of this rule and the net premium (gross premium written, less ceding commission) in the counties denoted in paragraph (G)(2) of this rule less any cancellation/returns. In the event a balance is due to the insurer, that balance shall be carried forward as a credit against future written premiums. An insurer may apply for a refund only if it ceases to issue basic property or homeowner insurance coverage. (e) Members shall report and pay premium taxes as required. (f) The association shall review, verify and reconcile members' reports and research, and rectify any inconsistencies. (g) The association shall remit receipts to the fund, said remittance to be supported by a summary report of premium written, cancelled/ non-renewed, net premium written and commission taken.	3901.041	Yes, state law	Yes, state law

3901-1-48	(M)(2)(e)	Shall	(2) Financial reports: (a) The fiscal period shall be the calendar year. (b) Members reports are required quarterly and shall be due on the forty-fifth day following the close of the quarter. (c) Members' reports shall be in forms approved by the board and shall include, at minimum: (i) Gross written premium on a per county basis. (ii) Premium cancelled/returned on a per county basis. (iii) Ceding commission withheld (for optional counties only). (d) Members reports shall be accompanied by the appropriate remittance which shall be full premium collected for mine subsidence coverage in the counties denoted in paragraph (G)(1) of this rule and the net premium (gross premium written, less ceding commission) in the counties denoted in paragraph (G)(2) of this rule less any cancellation/returns. In the event a balance is due to the insurer, that balance shall be carried forward as a credit against future written premiums. An insurer may apply for a refund only if it ceases to issue basic property or homeowner insurance coverage. (e) Members shall report and pay premium taxes as required. (f) The association shall review, verify and reconcile members' reports and research, and rectify any inconsistencies. (g) The association shall remit receipts to the fund, said remittance to be supported by a summary report of premium written, cancelled/ non-renewed, net premium written and commission taken.	3901.041	Yes, state law	Yes, state law
3901-1-48	(M)(2)(f)	Shall	(2) Financial reports: (a) The fiscal period shall be the calendar year. (b) Members reports are required quarterly and shall be due on the forty-fifth day following the close of the quarter. (c) Members' reports shall be in forms approved by the board and shall include, at minimum: (i) Gross written premium on a per county basis. (ii) Premium cancelled/returned on a per county basis. (iii) Ceding commission withheld (for optional counties only). (d) Members reports shall be accompanied by the appropriate remittance which shall be full premium collected for mine subsidence coverage in the counties denoted in paragraph (G)(1) of this rule and the net premium (gross premium written, less ceding commission) in the counties denoted in paragraph (G)(2) of this rule less any cancellation/returns. In the event a balance is due to the insurer, that balance shall be carried forward as a credit against future written premiums. An insurer may apply for a refund only if it ceases to issue basic property or homeowner insurance coverage. (e) Members shall report and pay premium taxes as required. (f) The association shall review, verify and reconcile members' reports and research, and rectify any inconsistencies. (g) The association shall remit receipts to the fund, said remittance to be supported by a summary report of premium written, cancelled/ non-renewed, net premium written and commission taken.	3901.041	Yes, state law	Yes, state law

3901-1-48	(M)(2)(g)	Shall	(2) Financial reports: (a) The fiscal period shall be the calendar year. (b) Members reports are required quarterly and shall be due on the forty-fifth day following the close of the quarter. (c) Members' reports shall be in forms approved by the board and shall include, at minimum: (i) Gross written premium on a per county basis. (ii) Premium cancelled/returned on a per county basis. (iii) Ceding commission withheld (for optional counties only). (d) Members reports shall be accompanied by the appropriate remittance which shall be full premium collected for mine subsidence coverage in the counties denoted in paragraph (G)(1) of this rule and the net premium (gross premium written, less ceding commission) in the counties denoted in paragraph (G)(2) of this rule less any cancellation/returns. In the event a balance is due to the insurer, that balance shall be carried forward as a credit against future written premiums. An insurer may apply for a refund only if it ceases to issue basic property or homeowner insurance coverage. (e) Members shall report and pay premium taxes as required. (f) The association shall review, verify and reconcile members' reports and research, and rectify any inconsistencies. (g) The association shall remit receipts to the fund, said remittance to be supported by a summary report of premium written, cancelled/ non-renewed, net premium written and commission taken.	3901.041	Yes, state law	Yes, state law
3901-1-48	(M)(3)	Shall	(3) Statistical reports. Members shall compile and file, on a quarterly basis with the financial reports, a summary report of statistics in a form approved by the board. Such reports shall, at minimum, contain: (a) Quarter and year-to-date policy count by county and in total; (b) Quarter and year-to-date premium written by county.	3901.041	Yes, state law	Yes, state law
3901-1-48	(N)	Shall	(N) "Mine Subsidence Insurance Fund" The fund shall receive all revenues, appropriations and investment earnings pursuant to this plan of operation. Premiums collected will be considered program income in accordance with the uniform administrative requirements for grants to state and local governments and be used: (1) To enable the fund to be self-sustaining, with the fund invested by the treasurer of state under guidelines established by the board; (2) To provide a reserve for payment of claims for verified claims from all types of mine subsidence, including non-coal mining, post-1977 underground mines and active underground mines;	3901.041	Yes, state law	Yes, state law

3901-1-48	(O)	Other - requires an action	(O) Investment of custodial funds With the approval of the board, the treasurer of state may invest any monies in the fund that are in excess of the amounts required to meet the immediate cash needs and operating expenses of the fund. The board shall not provide guidelines for the investment of excess funds that are broader or more liberal than the investment provisions for property casualty insurance companies set forth in Chapter 3925. of the Revised Code.	3901.041	Yes, state law	Yes, state law
3901-1-48	(O)	Shall Not	(O) Investment of custodial funds With the approval of the board, the treasurer of state may invest any monies in the fund that are in excess of the amounts required to meet the immediate cash needs and operating expenses of the fund. The board shall not provide guidelines for the investment of excess funds that are broader or more liberal than the investment provisions for property casualty insurance companies set forth in Chapter 3925. of the Revised Code.	3901.041	Yes, state law	Yes, state law
3901-1-48	(P)(1)	Shall	(P) Reinsurance agreement (1) Every insurer authorized and engaged in writing on a direct basis any property coverages in the state of Ohio shall execute a reinsurance agreement with the association. The form of the reinsurance agreement shall be in a form approved by the board. (2) An insurer may request exemption from the requirements of paragraph (P) of this rule by filing the exemption form with the superintendent. The exemption shall be effective after review and approved by the superintendent of insurance. (3) Any insurer who has received an exemption shall notify the association of any change in any circumstances that would be reason to revoke the exemption.	3901.041	Yes, state law	Yes, state law
3901-1-48	(P)(2)	Shall	(P) Reinsurance agreement (2) An insurer may request exemption from the requirements of paragraph (P) of this rule by filing the exemption form with the superintendent. The exemption shall be effective after review and approved by the superintendent of insurance. (3) Any insurer who has received an exemption shall notify the association of any change in any circumstances that would be reason to revoke the exemption.	3901.041	Yes, state law	Yes, state law
3901-1-48	(P)(3)	Shall	(P) Reinsurance agreement (3) Any insurer who has received an exemption shall notify the association of any change in any circumstances that would be reason to revoke the exemption.	3901.041	Yes, state law	Yes, state law

3901-1-48	(Q)	Shall	(Q) Effective date of the plan This plan of operation shall be effective upon the effective date of this rule.	3901.041	Yes, state law	Yes, state law
3901-1-48	(R)	Other - requires an action	(R) Amendments Amendments to the plan may be requested by the board or superintendent of insurance in accordance with the provisions of section 3929.53 of the Revised Code.	3901.041	Yes, state law	Yes, state law
3901-1-48	(S)(1)	Shall	(S) Meeting notice (1) The board and each of its committees and subcommittees shall provide notice of regular, special, and emergency meetings as the same are scheduled by posting the dates, times, locations, and agendas (if applicable) on the board's official web site.	3901.041	Yes, state law	Yes, state law
3901-1-48	(S)(2)	Other - requires an action	(2) The board maintains a list of individuals who have requested individual notice of each meeting. Individual notice may be given via mail, electronic mail, or facsimile.	3901.041	Yes, state law	Yes, state law

3901-1-48	(S)(2)(a)	Shall	(2) The board maintains a list of individuals who have requested individual notice of each meeting. Individual notice may be given via mail, electronic mail, or facsimile. (a) Any person who desires individual mail notice of the meetings described in paragraph (S)(1) of this rule shall make the request in writing to the board at its business address. The board may refuse to honor a request for individual mail notice unless the person requesting such notice has first supplied the board with a self-addressed, stamped envelope for the transmission of each requested notice. (b) Any person who desires individual electronic mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual electronic mail notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (c) Any person who desires individual facsimile mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual facsimile notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (d) The board may at its sole option provide for	3901.041	Yes, state law	Yes, state law
3901-1-48	(S)(2)(a)	Other - requires an action	(2) The board maintains a list of individuals who have requested individual notice of each meeting. Individual notice may be given via mail, electronic mail, or facsimile. (a) Any person who desires individual mail notice of the meetings described in paragraph (S)(1) of this rule shall make the request in writing to the board at its business address. The board may refuse to honor a request for individual mail notice unless the person requesting such notice has first supplied the board with a self-addressed, stamped envelope for the transmission of each requested notice. (b) Any person who desires individual electronic mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual electronic mail notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (c) Any person who desires individual facsimile mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual facsimile notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (d) The board may at its sole option provide for		Yes, state law	Yes, state law

3901-1-48	(S)(2)(b)	Shall	(2) The board maintains a list of individuals who have requested individual notice of each meeting. Individual notice may be given via mail, electronic mail, or facsimile. (a) Any person who desires individual mail notice of the meetings described in paragraph (S)(1) of this rule shall make the request in writing to the board at its business address. The board may refuse to honor a request for individual mail notice unless the person requesting such notice has first supplied the board with a self-addressed, stamped envelope for the transmission of each requested notice. (b) Any person who desires individual electronic mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual electronic mail notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (c) Any person who desires individual facsimile mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual facsimile notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (d) The board may at its sole option provide for a	3901.041	Yes, state law	Yes, state law
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3901-1-48	(S)(2)(b)	shall	(2) The board maintains a list of individuals who have requested individual notice of each meeting. Individual notice may be given via mail, electronic mail, or facsimile. (a) Any person who desires individual mail notice of the meetings described in paragraph (S)(1) of this rule shall make the request in writing to the board at its business address. The board may refuse to honor a request for individual mail notice unless the person requesting such notice has first supplied the board with a self-addressed, stamped envelope for the transmission of each requested notice. (b) Any person who desires individual electronic mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual electronic mail notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (c) Any person who desires individual facsimile mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual facsimile notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (d) The board may at its sole option provide for a	3901.041	Yes, state law	Yes, state law
3901-1-48	(S)(2)(b)	Shall	(2) The board maintains a list of individuals who have requested individual notice of each meeting. Individual notice may be given via mail, electronic mail, or facsimile. (a) Any person who desires individual mail notice of the meetings described in paragraph (S)(1) of this rule shall make the request in writing to the board at its business address. The board may refuse to honor a request for individual mail notice unless the person requesting such notice has first supplied the board with a self-addressed, stamped envelope for the transmission of each requested notice. (b) Any person who desires individual electronic mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual electronic mail notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (c) Any person who desires individual facsimile mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual facsimile notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (d) The board may at its sole option provide for a	3901.041	Yes, state law	Yes, state law

3901-1-48	(S)(2)(c)	Shall	(2) The board maintains a list of individuals who have requested individual notice of each meeting. Individual notice may be given via mail, electronic mail, or facsimile. (a) Any person who desires individual mail notice of the meetings described in paragraph (S)(1) of this rule shall make the request in writing to the board at its business address. The board may refuse to honor a request for individual mail notice unless the person requesting such notice has first supplied the board with a self-addressed, stamped envelope for the transmission of each requested notice. (b) Any person who desires individual electronic mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual electronic mail notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (c) Any person who desires individual facsimile mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual facsimile notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (d) The board may at its sole option provide for an	3901.041	Yes, state law	Yes, state law
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3901-1-48	(S)(2)(c)	Other - requires an action	(2) The board maintains a list of individuals who have requested individual notice of each meeting. Individual notice may be given via mail, electronic mail, or facsimile. (a) Any person who desires individual mail notice of the meetings described in paragraph (S)(1) of this rule shall make the request in writing to the board at its business address. The board may refuse to honor a request for individual mail notice unless the person requesting such notice has first supplied the board with a self-addressed, stamped envelope for the transmission of each requested notice. (b) Any person who desires individual electronic mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual electronic mail notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (c) Any person who desires individual facsimile mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual facsimile notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (d) The board may at its sole option provide for a	3901.041	Yes, state law	Yes, state law
3901-1-48	(S)(2)(c)	Shall	(2) The board maintains a list of individuals who have requested individual notice of each meeting. Individual notice may be given via mail, electronic mail, or facsimile. (a) Any person who desires individual mail notice of the meetings described in paragraph (S)(1) of this rule shall make the request in writing to the board at its business address. The board may refuse to honor a request for individual mail notice unless the person requesting such notice has first supplied the board with a self-addressed, stamped envelope for the transmission of each requested notice. (b) Any person who desires individual electronic mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual electronic mail notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (c) Any person who desires individual facsimile mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual facsimile notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (d) The board may at its sole option provide for a	3901.041	Yes, state law	Yes, state law

3901-1-48	(S)(2)(d)	shall	(2) The board maintains a list of individuals who have requested individual notice of each meeting. Individual notice may be given via mail, electronic mail, or facsimile. (a) Any person who desires individual mail notice of the meetings described in paragraph (S)(1) of this rule shall make the request in writing to the board at its business address. The board may refuse to honor a request for individual mail notice unless the person requesting such notice has first supplied the board with a self-addressed, stamped envelope for the transmission of each requested notice. (b) Any person who desires individual electronic mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual electronic mail notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance. (c) Any person who desires individual facsimile mail notice of the meetings described in paragraph (S) (1) of this rule shall make a request in writing to the board at its business address. The board shall maintain a list of all persons who have requested individual facsimile notice in this manner. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to any individual whose contact information will be purged at least thirty days in advance.	3901.041	Yes, state law	Yes, state law
3901-1-48	(S)(3)	Other - requires an action	(3) A representative of the news media may obtain notice of all special or emergency meetings of the council, its committees or its subcommittees by requesting such in writing to the "Ohio Mine Subsidence Insurance Governing Board" at its business address.	3901.041	Yes, state law	Yes, state law
3901-1-48	(S)(3)(a)	Shall	(3) A representative of the news media may obtain notice of all special or emergency meetings of the council, its committees or its subcommittees by requesting such in writing to the "Ohio Mine Subsidence Insurance Governing Board" at its business address. (a) The request must provide the name of the person to be contacted, the agency whom the person represents, and shall state whether the person wishes to be notified of regular, special, or emergency meetings, or any combination thereof. Additionally, the request shall specify whether the person wishes to be notified by mail, electronic mail, or facsimile, and shall include the appropriate contact information.	3901.041	Yes, state law	Yes, state law

3901-1-48	(S)(3)(b)	Shall	(3) A representative of the news media may obtain notice of all special or emergency meetings of the council, its committees or its subcommittees by requesting such in writing to the "Ohio Mine Subsidence Insurance Governing Board" at its business address. (b) The board shall maintain a list of all news media representatives requesting notice of special meetings. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to an individual whose contact information will be purged at least thirty days in advance.	3901.041	Yes, state law	Yes, state law
3901-1-48	(S)(3)(b)	Shall	(3) A representative of the news media may obtain notice of all special or emergency meetings of the council, its committees or its subcommittees by requesting such in writing to the "Ohio Mine Subsidence Insurance Governing Board" at its business address. (b) The board shall maintain a list of all news media representatives requesting notice of special meetings. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to an individual whose contact information will be purged at least thirty days in advance.	3901.041	Yes, state law	Yes, state law
3901-1-48	(S)(3)(b)	Shall	(3) A representative of the news media may obtain notice of all special or emergency meetings of the council, its committees or its subcommittees by requesting such in writing to the "Ohio Mine Subsidence Insurance Governing Board" at its business address. (b) The board shall maintain a list of all news media representatives requesting notice of special meetings. The board may purge the list of all entries as it deems appropriate provided, however, that the board shall first provide notice to an individual whose contact information will be purged at least thirty days in advance.	3901.041	Yes, state law	Yes, state law
3901-1-48	(S)(3)(c)	Shall	(3) A representative of the news media may obtain notice of all special or emergency meetings of the council, its committees or its subcommittees by requesting such in writing to the "Ohio Mine Subsidence Insurance Governing Board" at its business address. (c) Notice of special meetings shall be provided to news media representatives at least twenty-four hours prior to the special meeting. Notice of emergency meetings shall be provided to news media representatives by telephone or electronic means as soon as practicable.	3901.041	Yes, state law	Yes, state law
3901-1-48	(S)(3)(c)	Shall	(3) A representative of the news media may obtain notice of all special or emergency meetings of the council, its committees or its subcommittees by requesting such in writing to the "Ohio Mine Subsidence Insurance Governing Board" at its business address. (c) Notice of special meetings shall be provided to news media representatives at least twenty-four hours prior to the special meeting. Notice of emergency meetings shall be provided to news media representatives by telephone or electronic means as soon as practicable.	3901.041	Yes, state law	Yes, state law

3901-1-48	(S)(4)	Shall	(4) Notice given by mail is effective upon mailing. Notice given by telephone is effective upon providing actual notice, leaving a message containing the meeting information with any individual who answers the number provided by the requestor or leaving a recorded message, or, if the board makes three unsuccessful attempts to contact the requestor directly or to leave a voice message. Notice given by electronic means shall be complete upon transmission.	3901.041	Yes, state law	Yes, state law
3901-1-48	(T)	Shall Not	(T) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(A)	Other - requires an action	(A) Purpose (1) The purpose of this rule is to facilitate the department's surveillance of the financial condition of insurers by requiring (a) an annual audit of financial statements reporting the financial position and results of operation of insurers by independent certified public accountants, (b) communication of internal control related matters noted in an audit, and (c) management's report of internal control over financial reporting. This rule shall apply to all insurers, except those insurers having direct premiums written of less than one million dollars and having less than one thousand policyholders nationwide at the end of any year. Those insurers will be exempt from this rule for the year they do not meet this threshold unless the superintendent makes a specific finding that compliance by the insurer is necessary for the superintendent to carry out his or her statutory responsibilities. Insurers having assumed premiums to contracts and/or treaties of reinsurance of one million dollars or more will not be exempt. Insurers filing audited financial reports in another state, pursuant to such other state's requirement of audited financial reports, which are found by the superintendent to be substantially similar to the requirements herein, are exempt from this rule if: (a) A copy of the audited financial report, communication of internal control related matters noted in audit, and the accountant's letter of qualifications, which are filed with such other states are filed with the superintendent in accordance	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(A)(2)	Shall Not	(A) Purpose (1) The purpose of this rule is to facilitate the department's surveillance of the financial condition of insurers by requiring (a) an annual audit of financial statements reporting the financial position and results of operation of insurers by independent certified public accountants, (b) communication of internal control related matters noted in an audit, and (c) management's report of internal control over financial reporting. This rule shall apply to all insurers, except those insurers having direct premiums written of less than one million dollars and having less than one thousand policyholders nationwide at the end of any year. Those insurers will be exempt from this rule for the year they do not meet this threshold unless the superintendent makes a specific finding that compliance by the insurer is necessary for the superintendent to carry out his or her statutory responsibilities. Insurers having assumed premiums to contracts and/or treaties of reinsurance of one million dollars or more will not be exempt. Insurers filing audited financial reports in another state, pursuant to such other state's requirement of audited financial reports, which are found by the superintendent to be substantially similar to the requirements herein, are exempt from this rule if: (a) A copy of the audited financial report, communication of internal control related matters noted in audit, and the accountant's letter of qualifications, which are filed with such other states are filed with the superintendent in accordance		No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(D)	Shall	(D) General requirements related to filing and extensions for filing of audited financial reports andaudit committee appointment All insurers shall have an annual audit by an independent certified public accountant and shall file an audited financial report as a supplement to the annual statement with the superintendent on or beforeJune first for the immediately preceding year ended December thirty-first. Extensions of the June first filing date may be granted in writing by the superintendent for thirty day periods upon showing by the insurer and its independent certified public accountant the reasons for requesting such extension and determination by the superintendent of good cause for an extension. The request for an extension must be submitted in writing not less than ten days prior to the due date in sufficient detail to permit the superintendent to make an informed decision with respect to the requested extension. If an extension is granted, a similar extension of thirty days is granted to the filing of management's report of internal control over financial reporting. Every insurer required to file an annual audited financial report pursuant to this rule shall designate a group of individuals as constituting its audit committee, as defined in paragraph (C)(4) of this rule. The audit committee of any entity that controls an insurer may be deemed to be the insurer's audit committee for purposes of this rule at the election of the controlling person. The superintendent may require an insurer to file an audited financial report earlier than June first with ninety days advance notice to the insurer.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(D)	Shall	(D) General requirements related to filing and extensions for filing of audited financial reports andaudit committee appointment All insurers shall have an annual audit by an independent certified public accountant and shall file an audited financial report as a supplement to the annual statement with the superintendent on or beforeJune first for the immediately preceding year ended December thirty-first. Extensions of the June first filing date may be granted in writing by the superintendent for thirty day periods upon showing by the insurer and its independent certified public accountant the reasons for requesting such extension and determination by the superintendent of good cause for an extension. The request for an extension must be submitted in writing not less than ten days prior to the due date in sufficient detail to permit the superintendent to make an informed decision with respect to the requested extension. If an extension is granted, a similar extension of thirty days is granted to the filing of management's report of internal control over financial reporting. Every insurer required to file an annual audited financial report pursuant to this rule shall designate a group of individuals as constituting its audit committee, as defined in paragraph (C)(4) of this rule. The audit committee of any entity that controls an insurer may be deemed to be the insurer's audit committee for purposes of this rule at the election of the controlling person. The superintendent may require an insurer to file an audited financial report earlier than June first with ninety days advance notice to the insurer.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(D)	Shall	(D) General requirements related to filing and extensions for filing of audited financial reports andaudit committee appointment All insurers shall have an annual audit by an independent certified public accountant and shall file an audited financial report as a supplement to the annual statement with the superintendent on or beforeJune first for the immediately preceding year ended December thirty-first. Extensions of the June first filing date may be granted in writing by the superintendent for thirty day periods upon showing by the insurer and its independent certified public accountant the reasons for requesting such extension and determination by the superintendent of good cause for an extension. The request for an extension must be submitted in writing not less than ten days prior to the due date in sufficient detail to permit the superintendent to make an informed decision with respect to the requested extension. If an extension is granted, a similar extension of thirty days is granted to the filing of management's report of internal control over financial reporting. Every insurer required to file an annual audited financial report pursuant to this rule shall designate a group of individuals as constituting its audit committee, as defined in paragraph (C)(4) of this rule. The audit committee of any entity that controls an insurer may be deemed to be the insurer's audit committee for purposes of this rule at the election of the controlling person. The superintendent may require an insurer to file an audited financial report earlier than June first with ninety days advance notice to the insurer.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(D)	Other - requires an action	(D) General requirements related to filing and extensions for filing of audited financial reports andaudit committee appointment All insurers shall have an annual audit by an independent certified public accountant and shall file an audited financial report as a supplement to the annual statement with the superintendent on or beforeJune first for the immediately preceding year ended December thirty-first. Extensions of the June first filing date may be granted in writing by the superintendent for thirty day periods upon showing by the insurer and its independent certified public accountant the reasons for requesting such extension and determination by the superintendent of good cause for an extension. The request for an extension must be submitted in writing not less than ten days prior to the due date in sufficient detail to permit the superintendent to make an informed decision with respect to the requested extension. If an extension is granted, a similar extension of thirty days is granted to the filing of management's report of internal control over financial reporting. Every insurer required to file an annual audited financial report pursuant to this rule shall designate a group of individuals as constituting its audit committee, as defined in paragraph (C)(4) of this rule. The audit committee of any entity that controls an insurer may be deemed to be the insurer's audit committee for purposes of this rule at the election of the controlling person. The superintendent may require an insurer to file an audited financial report earlier than June first with ninety days advance notice to the insurer.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(E)	Shall	(E) Contents of audited financial report The audited financial report shall report the financial condition of the insurer as of the end of the most recent calendar year and the results of its operations, cash flows, and changes in capital and surplus for the year then ended in conformity with statutory accounting practices. The audited financial report shall include the following items: (1) Report of independent certified public accountant; (2) Balance sheet reporting admitted assets, liabilities, capital and surplus; (3) Statement of operations; (4) Statement of cash flows; (5) Statement of changes in capital and surplus; (6) Notes to financial statements. These notes shall be those appropriate to a CPA audited financial report, based on applicability, materiality and significance, taking into account the subjects covered in the instructions to and illustrations of how to report information in the notes to financial statements section of the "NAIC" annual statement instructions and any other notes required by the "NAIC Accounting Practices and Procedures Manual" and shall include: (a) A reconciliation of differences, if any, between the audited statutory financial statements and the annual financial statement filed with the superintendent including a written description of the nature of these differences; and (b) A narrative explanation of all significant intercompany transactions and balances; and (c) A summary of ownership and relationships of the insurer and all affiliated companies	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(F)(1)	Must	(F) Designation of independent certified public accountant (1) Each insurer required by this rule to file an audited financial report must, within sixty days afterbecoming subject to such requirement, register with the superintendent, in writing, the name and address of the independent certified public accountant retained to conduct the annual audit required in this rule. Insurers not previously retaining an independent certified public accountant shall register the name and address of their retained independent certified public accountant not less than six months before the date when the first audited financial report is to be filed.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(F)(1)	Shall	(F) Designation of independent certified public accountant (1) Each insurer required by this rule to file an audited financial report must, within sixty days afterbecoming subject to such requirement, register with the superintendent, in writing, the name and address of the independent certified public accountant retained to conduct the annual audit required in this rule. Insurers not previously retaining an independent certified public accountant shall register the name and address of their retained independent certified public accountant not less than six months before the date when the first audited financial report is to be filed.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(F)(2)	Shall	(F) Designation of independent certified public accountant (2) The insurer shall obtain a letter from such accountant, and file a copy of such letter with the superintendent, stating that the accountant is aware of the provisions of the insurance code and the rules and regulations of the insurance department of its state of domicile that relate to accounting and financial matters and affirming that he or she will express his or her opinion on the financial statements of the insurer in the terms of their conformity to the statutory accounting practices prescribed or otherwise permitted by such insurance department, specifying such exceptions as he or she may believe appropriate. If an accountant, who was not the accountant for the insurer's most recently filed audited financial report, is engaged to audit the insurer's financial statements, the insurer shall, within thirty days of the date the accountant is engaged, notify the department of this event.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(F)(2)	Shall	(F) Designation of independent certified public accountant (2) The insurer shall obtain a letter from such accountant, and file a copy of such letter with the superintendent, stating that the accountant is aware of the provisions of the insurance code and the rules and regulations of the insurance department of its state of domicile that relate to accounting and financial matters and affirming that he or she will express his or her opinion on the financial statements of the insurer in the terms of their conformity to the statutory accounting practices prescribed or otherwise permitted by such insurance department, specifying such exceptions as he or she may believe appropriate. If an accountant, who was not the accountant for the insurer's most recently filed audited financial report, is engaged to audit the insurer's financial statements, the insurer shall, within thirty days of the date the accountant is engaged, notify the department of this event.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(F)(3)	Shall	(F) Designation of independent certified public accountant (3) If an accountant who was the accountant for the immediately preceding filed audited financial report is dismissed or resigns, the insurer shall within five business days notify the department of insurance of this event. The insurer shall also furnish the superintendent with a separate letter within ten business days of the above notification stating whether in the twenty four months preceding such engagement there were any disagreements with the former accountant on any matter of accounting principles or practices, financial statement disclosure, or auditing scope or procedure, which disagreements, if not resolved to the satisfaction of the former accountant, would have caused him or her to make reference to the subject matter of the disagreement in connection with his or her opinion. Disagreements contemplated by this paragraph are those that occur at the decision-making level, i.e., between personnel of the insurer responsible for presentation of its financial statements and personnel of the accounting firm responsible for rendering its report. The insurer shall also request, in writing, such former accountant to furnish a letter, addressed to the insurer, stating whether the accountant agrees with the statements contained in the insurer's letter and, if not, stating the reasons for which he or she does not agree; and the insurer shall furnish such responsive letter from the former accountant to the superintendent, together with its own letter.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(F)(3)	Shall	(F) Designation of independent certified public accountant (3) If an accountant who was the accountant for the immediately preceding filed audited financial report is dismissed or resigns, the insurer shall within five business days notify the department of insurance of this event. The insurer shall also furnish the superintendent with a separate letter within ten business days of the above notification stating whether in the twenty four months preceding such engagement there were any disagreements with the former accountant on any matter of accounting principles or practices, financial statement disclosure, or auditing scope or procedure, which disagreements, if not resolved to the satisfaction of the former accountant, would have caused him or her to make reference to the subject matter of the disagreement in connection with his or her opinion. Disagreements contemplated by this paragraph are those that occur at the decision-making level, i.e., between personnel of the insurer responsible for presentation of its financial statements and personnel of the accounting firm responsible for rendering its report. The insurer shall also request, in writing, such former accountant to furnish a letter, addressed to the insurer, stating whether the accountant agrees with the statements contained in the insurer's letter and, if not, stating the reasons for which he or she does not agree; and the insurer shall furnish such responsive letter from the former accountant to the superintendent, together with its own letter.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(F)(3)	Shall	(F) Designation of independent certified public accountant (3) If an accountant who was the accountant for the immediately preceding filed audited financial report is dismissed or resigns, the insurer shall within five business days notify the department of insurance of this event. The insurer shall also furnish the superintendent with a separate letter within ten business days of the above notification stating whether in the twenty four months preceding such engagement there were any disagreements with the former accountant on any matter of accounting principles or practices, financial statement disclosure, or auditing scope or procedure, which disagreements, if not resolved to the satisfaction of the former accountant, would have caused him or her to make reference to the subject matter of the disagreement in connection with his or her opinion. Disagreements contemplated by this paragraph are those that occur at the decision-making level, i.e., between personnel of the insurer responsible for presentation of its financial statements and personnel of the accounting firm responsible for rendering its report. The insurer shall also request, in writing, such former accountant to furnish a letter, addressed to the insurer, stating whether the accountant agrees with the statements contained in the insurer's letter and, if not, stating the reasons for which he or she does not agree; and the insurer shall furnish such responsive letter from the former accountant to the superintendent, together with its own letter.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(G) (1)	May Not	(G) Qualifications of independent certified public accountant An insurer may not use any person or firm as an independent certified public accountant if such person or firm: (1) is not in good standing with the "American Institute of Certified Public Accountants" in all states in which the person or firm is licensed to practice or, for a Canadian or British company, that is not a chartered accountant; (2) has either directly or indirectly entered into an agreement of indemnity or release from liability (collectively referred to as "indemnification") with respect to the audit of the insurer. Except as otherwise provided herein, an insurer may use a certified public accountant as its independent certified public accountant only if and for as long as such accountant conforms to the standards of his or her profession, as contained in the "Code of Professional Conduct" of the "American Institute of Certified Public Accountants" and "Rules of Professional Conduct" of the "Accountancy Board of Ohio," or similar code.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(G) (2) (a), (b), (c)	Other - requires an action	(G) Qualifications of independent certified public accountant An insurer may not use any person or firm as an independent certified public accountant if such person or firm: (1) is not in good standing with the "American Institute of Certified Public Accountants" in all states in which the person or firm is licensed to practice or, for a Canadian or British company, that is not a chartered accountant; (2) has either directly or indirectly entered into an agreement of indemnity or release from liability (collectively referred to as "indemnification") with respect to the audit of the insurer. Except as otherwise provided herein, an insurer may use a certified public accountant as its independent certified public accountant only if and for as long as such accountant conforms to the standards of his or her profession, as contained in the "Code of Professional Conduct" of the "American Institute of Certified Public Accountants" and "Rules of Professional Conduct" of the "Accountancy Board of Ohio," or similar code. The lead (or coordinating) audit partner (having primary responsibility for the audit) may not act in that capacity for more than five consecutive years. The person shall be disqualified from acting in that or a similar capacity for the same company or its insurance subsidiaries or affiliates for a period of five consecutive years. An insurer may make application to the superintendent of insurance for relief from the above rotation requirement on the basis of unusual circumstances. This application should be made at least thirty days before the end of the calendar year. The	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(G)(2)(c)	Shall Not	(G) Qualifications of independent certified public accountant An insurer may not use any person or firm as an independent certified public accountant if such person or firm: (1) is not in good standing with the "American Institute of Certified Public Accountants" in all states in which the person or firm is licensed to practice or, for a Canadian or British company, that is not a chartered accountant; (2) has either directly or indirectly entered into an agreement of indemnity or release from liability (collectively referred to as "indemnification") with respect to the audit of the insurer. Except as otherwise provided herein, an insurer may use a certified public accountant as its independent certified public accountant only if and for as long as such accountant conforms to the standards of his or her profession, as contained in the "Code of Professional Conduct" of the "American Institute of Certified Public Accountants" and "Rules of Professional Conduct" of the "Accountancy Board of Ohio," or similar code. The lead (or coordinating) audit partner (having primary responsibility for the audit) may not act in that capacity for more than five consecutive years. The person shall be disqualified from acting in that or a similar capacity for the same company or its insurance subsidiaries or affiliates for a period of five consecutive years. An insurer may make application to the superintendent of insurance for relief from the above rotation requirement on the basis of unusual circumstances. This application should be made at least thirty days before the end of the calendar year. The		No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(G)(2)(c)	Other - requires an action	(G) Qualifications of independent certified public accountant An insurer may not use any person or firm as an independent certified public accountant if such person or firm: (1) is not in good standing with the "American Institute of Certified Public Accountants" in all states in which the person or firm is licensed to practice or, for a Canadian or British company, that is not a chartered accountant; (2) has either directly or indirectly entered into an agreement of indemnity or release from liability (collectively referred to as "indemnification") with respect to the audit of the insurer. Except as otherwise provided herein, an insurer may use a certified public accountant as its independent certified public accountant only if and for as long as such accountant conforms to the standards of his or her profession, as contained in the "Code of Professional Conduct" of the "American Institute of Certified Public Accountants" and "Rules of Professional Conduct" of the "Accountancy Board of Ohio," or similar code. The lead (or coordinating) audit partner (having primary responsibility for the audit) may not act in that capacity for more than five consecutive years. The person shall be disqualified from acting in that or a similar capacity for the same company or its insurance subsidiaries or affiliates for a period of five consecutive years. An insurer may make application to the superintendent of insurance for relief from the above rotation requirement on the basis of unusual circumstances. This application should be made at least thirty days before the end of the calendar year. The	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(G)(2)(c)(1)	Shall Not	(G) Qualifications of independent certified public accountant An insurer may not use any person or firm as an independent certified public accountant if such person or firm: (1) is not in good standing with the "American Institute of Certified Public Accountants" in all states in which the person or firm is licensed to practice or, for a Canadian or British company, that is not a chartered accountant; (2) has either directly or indirectly entered into an agreement of indemnity or release from liability (collectively referred to as "indemnification") with respect to the audit of the insurer. Except as otherwise provided herein, an insurer may use a certified public accountant as its independent certified public accountant only if and for as long as such accountant conforms to the standards of his or her profession, as contained in the "Code of Professional Conduct" of the "American Institute of Certified Public Accountants" and "Rules of Professional Conduct" of the "Accountancy Board of Ohio," or similar code. The lead (or coordinating) audit partner (having primary responsibility for the audit) may not act in that capacity for more than five consecutive years. The person shall be disqualified from acting in that or a similar capacity for the same company or its insurance subsidiaries or affiliates for a period of five consecutive years. An insurer may make application to the superintendent of insurance for relief from the above rotation requirement on the basis of unusual circumstances. This application should be made at least thirty days before the end of the calendar year. The	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(G)(2)(c)	Other - requires an action	(G) Qualifications of independent certified public accountant An insurer may not use any person or firm as an independent certified public accountant if such person or firm: (1) is not in good standing with the "American Institute of Certified Public Accountants" in all states in which the person or firm is licensed to practice or, for a Canadian or British company, that is not a chartered accountant; (2) has either directly or indirectly entered into an agreement of indemnity or release from liability (collectively referred to as "indemnification") with respect to the audit of the insurer. Except as otherwise provided herein, an insurer may use a certified public accountant as its independent certified public accountant only if and for as long as such accountant conforms to the standards of his or her profession, as contained in the "Code of Professional Conduct" of the "American Institute of Certified Public Accountants" and "Rules of Professional Conduct" of the "Accountancy Board of Ohio," or similar code. The lead (or coordinating) audit partner (having primary responsibility for the audit) may not act in that capacity for more than five consecutive years. The person shall be disqualified from acting in that or a similar capacity for the same company or its insurance subsidiaries or affiliates for a period of five consecutive years. An insurer may make application to the superintendent of insurance for relief from the above rotation requirement on the basis of unusual circumstances. This application should be made at least thirty days before the end of the calendar year. The	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(G)(2)(c)(1)	Shall Not	(G) Qualifications of independent certified public accountant An insurer may not use any person or firm as an independent certified public accountant if such person or firm: (1) is not in good standing with the "American Institute of Certified Public Accountants" in all states in which the person or firm is licensed to practice or, for a Canadian or British company, that is not a chartered accountant; (2) has either directly or indirectly entered into an agreement of indemnity or release from liability (collectively referred to as "indemnification") with respect to the audit of the insurer. Except as otherwise provided herein, an insurer may use a certified public accountant as its independent certified public accountant only if and for as long as such accountant conforms to the standards of his or her profession, as contained in the "Code of Professional Conduct" of the "American Institute of Certified Public Accountants" and "Rules of Professional Conduct" of the "Accountancy Board of Ohio," or similar code. The lead (or coordinating) audit partner (having primary responsibility for the audit) may not act in that capacity for more than five consecutive years. The person shall be disqualified from acting in that or a similar capacity for the same company or its insurance subsidiaries or affiliates for a period of five consecutive years. An insurer may make application to the superintendent of insurance for relief from the above rotation requirement on the basis of unusual circumstances. This application should be made at least thirty days before the end of the calendar year. The	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(G)(2)(c)(2)	Shall	(2) In general, the principles of independence with respect to services provided by the qualified independent certified public accountant are largely predicted on three basic principles, violations of which would impair the accountant's independence. The principles are that the accountant cannot function in the role of management, cannot audit his or her own work, and cannot serve in an advocacy role for the insurer. Insurers having direct written and assumed premiums of less than one hundred million dollars in any calendar year may request an exemption from this paragraph. The insurer shall file with the superintendent a written statement discussing the reasons why the insurer should be exempt from these provisions. If the superintendent finds, upon review of this statement, that compliance with this rule would constitute a financial or organizational hardship upon the insurer, an exemption may be granted.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(G)(2)(3)	Other - requires an action	(3) A qualified independent certified public accountant who performs the audit may engage in other non-audit services for an insurer, including tax services, that are not described in paragraphs (G)(1) of this rule or that do not conflict with paragraph (G)(2) of this rule, only if the activity is approved in advance by the audit committee for the insurer, in accordance with paragraph (G)(4) of this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(G)(2)(4)	Shall	(4) All auditing services and non-audit services provided to an insurer by the qualified independent certified public accountant of the insurer shall be preapproved by the audit committee of the insurer. The preapproval requirement is waived with respect to non-audit services if the insurer is a "SOX" compliant entity or a direct or indirect wholly-owned subsidiary of a "SOX" compliant entity or; (a) The aggregate amount of all such non-audit services provided to the insurer constitutes not more than five per cent of the total amount of fees paid by the insurer to its qualified independent certified public account during the fiscal year in which the non-audit services are provided: (b) The services were not recognized by the insurer at the time of the engagement to be non-audit services; and (c) The services are promptly brought to the attention of the audit committee and approved prior to the completion of the audit by the audit committee or by one or more members of the audit committee who are members of the board of directors to whom authority to grant such approvals has been delegated by the audit committee.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(G)(2)(5)	Other - requires an action	(5) The audit committee of an insurer may delegate to one or more designated members of the audit committee the authority to grant the preapprovals required by paragraph (G)(4) of this rule. The decisions of any member to whom this authority is delegated shall be presented to the full audit committee at each of its scheduled meetings.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(G)(2)(5)	Shall	(5) The audit committee of an insurer may delegate to one or more designated members of the audit committee the authority to grant the preapprovals required by paragraph (G)(4) of this rule. The decisions of any member to whom this authority is delegated shall be presented to the full audit committee at each of its scheduled meetings.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(G)(2)(6)	Shall Not	(6) The superintendent shall not recognize an independent certified public accountant as qualified for particular insurer if a member of the board, president, chief executive officer, controller, chief financial officer, chief accounting officer, or any person serving in an equivalent position for that insurer, was employed by the independent certified public accountant and participated in the audit of that insurer during the one year period preceding the date that the most current statutory opinion is due. This section shall only apply to partners and senior managers involved in the insurer's preceding audit. An insurer may make an application to the superintendent for relief from the requirement on the basis of unusual circumstances.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(G)(2)(6)	Shall	(6) The superintendent shall not recognize an independent certified public accountant as qualified for particular insurer if a member of the board, president, chief executive officer, controller, chief financial officer, chief accounting officer, or any person serving in an equivalent position for that insurer, was employed by the independent certified public accountant and participated in the audit of that insurer during the one year period preceding the date that the most current statutory opinion is due. This section shall only apply to partners and senior managers involved in the insurer's preceding audit. An insurer may make an application to the superintendent for relief from the requirement on the basis of unusual circumstances.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(G)(2)(6)	Other - requires an action	(6) The superintendent shall not recognize an independent certified public accountant as qualified for particular insurer if a member of the board, president, chief executive officer, controller, chief financial officer, chief accounting officer, or any person serving in an equivalent position for that insurer, was employed by the independent certified public accountant and participated in the audit of that insurer during the one year period preceding the date that the most current statutory opinion is due. This section shall only apply to partners and senior managers involved in the insurer's preceding audit. An insurer may make an application to the superintendent for relief from the requirement on the basis of unusual circumstances.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(G)(2)(7)	Shall	(7) The insurer shall file, with its annual statement filing, the approval for relief from paragraph (G)(6) of this rule with the states that it is licensed in or doing business in and the NAIC. If the nondomestic state accepts electronic filing with the NAIC, the insurer shall file the approval in an electronic format acceptable to the NAIC.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(G)(2)(7)	Shall	(7) The insurer shall file, with its annual statement filing, the approval for relief from paragraph (G)(6) of this rule with the states that it is licensed in or doing business in and the NAIC. If the nondomestic state accepts electronic filing with the NAIC, the insurer shall file the approval in an electronic format acceptable to the NAIC.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(H)	Other - requires an action	(H) Consolidated or combined audits An insurer may make an annual written application to the superintendent for approval to file audited consolidated or combined financial statements in lieu of separate annual audited financial statements if the insurer is part of a group of insurance companies which utilizes a pooling or one hundred percent reinsurance agreement that affects the solvency and integrity of the insurer's reserves and such insurer cedes all of its direct and assumed business to the pool. In such cases, a columnar consolidating or combining worksheet shall be filed with the report, as follows: (1) Amounts shown on the consolidated or combined audited financial report shall be shown on the worksheet; (2) Amounts for each insurer subject to this rule shall be stated separately; (3) Non-insurance operations may be shown on the worksheet on a combined or individual basis; (4) Explanations of consolidating and eliminating entries shall be included; and (5) A reconciliation shall be included of any differences between the amounts shown in the individual insurer columns of the worksheet and comparable amounts shown on the financial statements of the insurers.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(H)	Shall	(H) Consolidated or combined audits An insurer may make an annual written application to the superintendent for approval to file audited consolidated or combined financial statements in lieu of separate annual audited financial statements if the insurer is part of a group of insurance companies which utilizes a pooling or one hundred percent reinsurance agreement that affects the solvency and integrity of the insurer's reserves and such insurer cedes all of its direct and assumed business to the pool. In such cases, a columnar consolidating or combining worksheet shall be filed with the report, as follows: (1) Amounts shown on the consolidated or combined audited financial report shall be shown on the worksheet; (2) Amounts for each insurer subject to this rule shall be stated separately; (3) Non-insurance operations may be shown on the worksheet on a combined or individual basis; (4) Explanations of consolidating and eliminating entries shall be included; and (5) A reconciliation shall be included of any differences between the amounts shown in the individual insurer columns of the worksheet and comparable amounts shown on the financial statements of the insurers.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(I)	Shall	(I) Scope of audit and report of independent certified public accountant Financial statements furnished pursuant to paragraph (E) of this rule shall be examined by an independent certified public accountant. The audit of the insurer's financial statements shall be conducted in accordance with generally accepted auditing standards. In accordance with AU section 319 of the professional standards of the accountants "American Institute of Certified Public Accountants", consideration of internal control in a financial statement audit, the independent certified public accountant should obtain an understanding of internal control sufficient to plan the audit. To the extent required by AU section 319, for those insurers required to file a management's report of internal control over financial reporting pursuant to paragraph (Q) of this rule, the independent certified public accountant should consider (as that term is defined in Statement on Auditing Standards (SAS) No. 102, defining professional requirements in statements on auditing standards or its replacement) the most recently available report in planning and performing the audit of the statutory financial statements. Consideration should be given to such other standards illustrated in the "Financial Condition Examiner's Handbook" promulgated by the "National Association of Insurance Commissioners" as the independent certified public accountant deems necessary.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(J)(1)	Shall	(J) Notification of adverse financial condition (1) The insurer required to furnish the annual audited financial report shall require the independent certified public accountant to report in writing within five business days to the board of directors or its audit committee any determination by the independent certified public accountant that the insurer has materially misstated its financial condition as reported to the superintendent as of the balance sheet date currently under audit or that the insurer does not meet the minimum capital and surplus requirement of the Revised Code as of that date. An insurer who has received a report pursuant to this paragraph shall forward a copy of the report to the superintendent within five business days of receipt of such report and shall provide the independent certified public accountant making the report with evidence of the report being furnished to the superintendent. If the independent certified public accountant fails to receive such evidence within the required five business day period, the independent certified public accountant shall furnish to the superintendent a copy of its report within the next five business days.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(J)(1)	Shall	(J) Notification of adverse financial condition (1) The insurer required to furnish the annual audited financial report shall require the independent certified public accountant to report in writing within five business days to the board of directors or its audit committee any determination by the independent certified public accountant that the insurer has materially misstated its financial condition as reported to the superintendent as of the balance sheet date currently under audit or that the insurer does not meet the minimum capital and surplus requirement of the Revised Code as of that date. An insurer who has received a report pursuant to this paragraph shall forward a copy of the report to the superintendent within five business days of receipt of such report and shall provide the independent certified public accountant making the report with evidence of the report being furnished to the superintendent. If the independent certified public accountant fails to receive such evidence within the required five business day period, the independent certified public accountant shall furnish to the superintendent a copy of its report within the next five business days.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(J)(1)	Shall	(J) Notification of adverse financial condition (1) The insurer required to furnish the annual audited financial report shall require the independent certified public accountant to report in writing within five business days to the board of directors or its audit committee any determination by the independent certified public accountant that the insurer has materially misstated its financial condition as reported to the superintendent as of the balance sheet date currently under audit or that the insurer does not meet the minimum capital and surplus requirement of the Revised Code as of that date. An insurer who has received a report pursuant to this paragraph shall forward a copy of the report to the superintendent within five business days of receipt of such report and shall provide the independent certified public accountant making the report with evidence of the report being furnished to the superintendent. If the independent certified public accountant fails to receive such evidence within the required five business day period, the independent certified public accountant shall furnish to the superintendent a copy of its report within the next five business days.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(J)(1)	Shall	(J) Notification of adverse financial condition (1) The insurer required to furnish the annual audited financial report shall require the independent certified public accountant to report in writing within five business days to the board of directors or its audit committee any determination by the independent certified public accountant that the insurer has materially misstated its financial condition as reported to the superintendent as of the balance sheet date currently under audit or that the insurer does not meet the minimum capital and surplus requirement of the Revised Code as of that date. An insurer who has received a report pursuant to this paragraph shall forward a copy of the report to the superintendent within five business days of receipt of such report and shall provide the independent certified public accountant making the report with evidence of the report being furnished to the superintendent. If the independent certified public accountant fails to receive such evidence within the required five business day period, the independent certified public accountant shall furnish to the superintendent a copy of its report within the next five business days.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(J)(2)	Shall	(J) Notification of adverse financial condition (2) No independent certified public accountant shall be liable in any manner to any person for any statement made in connection with the above paragraph if such statement is made in good faith in compliance with the above paragraph.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(J)(3)	Shall	(J) Notification of adverse financial condition (3) If the accountant, subsequent to the date of the audited financial report filed pursuant to this rule, becomes aware of facts which might have affected his or her report, the department shall note the obligation of the accountant to take such action as prescribed in volume one, section AU five hundred sixty one of the "Professional Standards of the American Institute of Certified Public Accountants," as amended.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(K)	Shall	(K) Communication of internal control related matters noted in an audit In addition to the annual audited financial report, each insurer shall furnish the superintendent with a written communication as to any unremediated material weakness in its internal controls over financial reporting noted during the audit. Such communication shall be prepared by the accountant within sixty days after the filing of the annual audited financial report, and shall contain: (1) A description of any unremediated material weakness (as the term material weakness is defined by statement on auditing standard sixty, communication of internal control related matters noted in an audit, or its replacement) as of December thirty-first immediately preceding (so as to coincide with the audited financial report discussed in paragraph (D) of this rule) in the insurer's internal control over financial reporting noted by the accountant during the course of their audit of the financial statements. If no unremediated material weaknesses are noted, the communication should so state. (2) The insurer is required to provide a description of remedial action taken or proposed to correct unremediated material weaknesses, if the actions are not described in the accountant's communications.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(L)	Shall	(L) Accountant's letter of qualifications The accountant shall furnish the insurer in connection with, and for inclusion in, the filing of the annual audited financial report, a letter stating: (1) That he or she is independent with respect to the insurer and conforms to the standards of his or her profession as contained in the "Code of Professional Ethics" and pronouncements of the "American Institute of Certified Public Accountants" and the "Rules of Professional Conduct" of the "Accountancy Board of Ohio" or other state board of public accountancy that performs the same licensing function. (2) The background and experience in general, and the experience in audits of insurers of the staff assigned to the engagement and whether each is an independent certified public accountant. Nothing within this requirement shall be construed as prohibiting the accountant from utilizing such staff as he or she deems appropriate where such use is consistent with the standards prescribed by generally accepted auditing standards. (3) That the accountant understands the annual audited financial report and his or her opinion thereon will be filed in compliance with this requirement and that the superintendent will be relying on this information in the monitoring and regulation of the financial position of insurers. (4) That the accountant consents to the requirements of paragraph (M) of this rule and that the accountant consents and agrees to make available for review by the superintendent his or her designee or his or her appointed agent, the	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(M)	Shall	(M) Availability and maintenance of independent certified public accountant workpapers Every insurer required to file an audited financial report pursuant to this rule shall require the accountant to make available for review by department examiners the workpapers prepared in the conduct of his or her audit and any communications related to the audit between the accountant and the insurer, at the offices of the insurer, at the department, or at any other reasonable place designated by the superintendent. The insurer shall require that the accountant retain the workpapers and communications until the domiciliary department has filed a report on examination covering the period of the audit, but for no longer than seven years from the date of the audit report. In the conduct of the aforementioned periodic review by the domiciliary department examiners, it shall be agreed that photocopies of pertinent audit workpapers may be made and retained by the domiciliary department. Such reviews by the domiciliary department examiners shall be considered investigations and all workpapers and communications obtained during the course of such investigations shall be afforded the same confidentiality as other examination workpapers generated by the domiciliary department.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(M)	Shall	(M) Availability and maintenance of independent certified public accountant workpapers Every insurer required to file an audited financial report pursuant to this rule shall require the accountant to make available for review by department examiners the workpapers prepared in the conduct of his or her audit and any communications related to the audit between the accountant and the insurer, at the offices of the insurer, at the department, or at any other reasonable place designated by the superintendent. The insurer shall require that the accountant retain the workpapers and communications until the domiciliary department has filed a report on examination covering the period of the audit, but for no longer than seven years from the date of the audit report. In the conduct of the aforementioned periodic review by the domiciliary department examiners, it shall be agreed that photocopies of pertinent audit workpapers may be made and retained by the domiciliary department. Such reviews by the domiciliary department examiners shall be considered investigations and all workpapers and communications obtained during the course of such investigations shall be afforded the same confidentiality as other examination workpapers generated by the domiciliary department.	3901.041	No, general rulemaking authority	No, general rulemaking authority

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3901-1-50	(N)	Shall	(N) Requirements for audit committees This section shall not apply to foreign or alien insurers licensed in this state or an insurer that is a "SOX" compliant entity or a direct or indirect wholly-owned subsidiary of a "SOX" compliant entity. The audit committee shall be directly responsible for the appointment, compensation and oversight of the work of any accountant (including resolution of disagreements between management and the accountant regarding financial reporting) for the purpose of preparing or issuing audited financial report or related work pursuant to this regulation. Each accountant shall report directly to the audit committee. The audit committee of an insurer or group of insurers shall be responsible for overseeing the insurer's internal audit function and granting the person or persons performing the function suitable authority and resources to fulfill their responsibilities if required by paragraph (O) of this rule. Each member of the audit committee shall be a member of the board of directors of the insurer or a member of the board of directors of an entity elected pursuant to this paragraph and paragraph (C)(4) of this rule.	3901.41	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(N)	Shall	(N) Requirements for audit committees This section shall not apply to foreign or alien insurers licensed in this state or an insurer that is a "SOX" compliant entity or a direct or indirect wholly-owned subsidiary of a "SOX" compliant entity. The audit committee shall be directly responsible for the appointment, compensation and oversight of the work of any accountant (including resolution of disagreements between management and the accountant regarding financial reporting) for the purpose of preparing or issuing audited financial report or related work pursuant to this regulation. Each accountant shall report directly to the audit committee. The audit committee of an insurer or group of insurers shall be responsible for overseeing the insurer's internal audit function and granting the person or persons performing the function suitable authority and resources to fulfill their responsibilities if required by paragraph (O) of this rule. Each member of the audit committee shall be a member of the board of directors of the insurer or a member of the board of directors of an entity elected pursuant to this paragraph and paragraph (C)(4) of this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(N)	Shall	(N) Requirements for audit committees This section shall not apply to foreign or alien insurers licensed in this state or an insurer that is a "SOX" compliant entity or a direct or indirect wholly-owned subsidiary of a "SOX" compliant entity. The audit committee shall be directly responsible for the appointment, compensation and oversight of the work of any accountant (including resolution of disagreements between management and the accountant regarding financial reporting) for the purpose of preparing or issuing audited financial report or related work pursuant to this regulation. Each accountant shall report directly to the audit committee. The audit committee of an insurer or group of insurers shall be responsible for overseeing the insurer's internal audit function and granting the person or persons performing the function suitable authority and resources to fulfill their responsibilities if required by paragraph (O) of this rule. Each member of the audit committee shall be a member of the board of directors of the insurer or a member of the board of directors of an entity elected pursuant to this paragraph and paragraph (C)(4) of this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority

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3901-1-50	(N)	Shall	(N) Requirements for audit committees This section shall not apply to foreign or alien insurers licensed in this state or an insurer that is a "SOX" compliant entity or a direct or indirect wholly-owned subsidiary of a "SOX" compliant entity. The audit committee shall be directly responsible for the appointment, compensation and oversight of the work of any accountant (including resolution of disagreements between management and the accountant regarding financial reporting) for the purpose of preparing or issuing audited financial report or related work pursuant to this regulation. Each accountant shall report directly to the audit committee. The audit committee of an insurer or group of insurers shall be responsible for overseeing the insurer's internal audit function and granting the person or persons performing the function suitable authority and resources to fulfill their responsibilities if required by paragraph (O) of this rule. Each member of the audit committee shall be a member of the board of directors of the insurer or a member of the board of directors of an entity elected pursuant to this paragraph and paragraph (C)(4) of this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(N)	May Not	(N) Requirements for audit committees This section shall not apply to foreign or alien insurers licensed in this state or an insurer that is a "SOX" compliant entity or a direct or indirect wholly-owned subsidiary of a "SOX" compliant entity. The audit committee shall be directly responsible for the appointment, compensation and oversight of the work of any accountant (including resolution of disagreements between management and the accountant regarding financial reporting) for the purpose of preparing or issuing audited financial report or related work pursuant to this regulation. Each accountant shall report directly to the audit committee. The audit committee of an insurer or group of insurers shall be responsible for overseeing the insurer's internal audit function and granting the person or persons performing the function suitable authority and resources to fulfill their responsibilities if required by paragraph (O) of this rule. Each member of the audit committee shall be a member of the board of directors of the insurer or a member of the board of directors of an entity elected pursuant to this paragraph and paragraph (C)(4) of this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(N)	Shall	(N) Requirements for audit committees This section shall not apply to foreign or alien insurers licensed in this state or an insurer that is a "SOX" compliant entity or a direct or indirect wholly-owned subsidiary of a "SOX" compliant entity. The audit committee shall be directly responsible for the appointment, compensation and oversight of the work of any accountant (including resolution of disagreements between management and the accountant regarding financial reporting) for the purpose of preparing or issuing audited financial report or related work pursuant to this regulation. Each accountant shall report directly to the audit committee. The audit committee of an insurer or group of insurers shall be responsible for overseeing the insurer's internal audit function and granting the person or persons performing the function suitable authority and resources to fulfill their responsibilities if required by paragraph (O) of this rule. Each member of the audit committee shall be a member of the board of directors of the insurer or a member of the board of directors of an entity elected pursuant to this paragraph and paragraph (C)(4) of this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(N)	Shall	(N) Requirements for audit committees This section shall not apply to foreign or alien insurers licensed in this state or an insurer that is a "SOX" compliant entity or a direct or indirect wholly-owned subsidiary of a "SOX" compliant entity. The audit committee shall be directly responsible for the appointment, compensation and oversight of the work of any accountant (including resolution of disagreements between management and the accountant regarding financial reporting) for the purpose of preparing or issuing audited financial report or related work pursuant to this regulation. Each accountant shall report directly to the audit committee. The audit committee of an insurer or group of insurers shall be responsible for overseeing the insurer's internal audit function and granting the person or persons performing the function suitable authority and resources to fulfill their responsibilities if required by paragraph (O) of this rule. Each member of the audit committee shall be a member of the board of directors of the insurer or a member of the board of directors of an entity elected pursuant to this paragraph and paragraph (C)(4) of this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(N)	Other - requires an action	(N) Requirements for audit committees This section shall not apply to foreign or alien insurers licensed in this state or an insurer that is a "SOX" compliant entity or a direct or indirect wholly-owned subsidiary of a "SOX" compliant entity. The audit committee shall be directly responsible for the appointment, compensation and oversight of the work of any accountant (including resolution of disagreements between management and the accountant regarding financial reporting) for the purpose of preparing or issuing audited financial report or related work pursuant to this regulation. Each accountant shall report directly to the audit committee. The audit committee of an insurer or group of insurers shall be responsible for overseeing the insurer's internal audit function and granting the person or persons performing the function suitable authority and resources to fulfill their responsibilities if required by paragraph (O) of this rule. Each member of the audit committee shall be a member of the board of directors of the insurer or a member of the board of directors of an entity elected pursuant to this paragraph and paragraph (C)(4) of this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(N)	Shall	(N) Requirements for audit committees This section shall not apply to foreign or alien insurers licensed in this state or an insurer that is a "SOX" compliant entity or a direct or indirect wholly-owned subsidiary of a "SOX" compliant entity. The audit committee shall be directly responsible for the appointment, compensation and oversight of the work of any accountant (including resolution of disagreements between management and the accountant regarding financial reporting) for the purpose of preparing or issuing audited financial report or related work pursuant to this regulation. Each accountant shall report directly to the audit committee. The audit committee of an insurer or group of insurers shall be responsible for overseeing the insurer's internal audit function and granting the person or persons performing the function suitable authority and resources to fulfill their responsibilities if required by paragraph (O) of this rule. Each member of the audit committee shall be a member of the board of directors of the insurer or a member of the board of directors of an entity elected pursuant to this paragraph and paragraph (C)(4) of this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(N)	Shall	(N) Requirements for audit committees This section shall not apply to foreign or alien insurers licensed in this state or an insurer that is a "SOX" compliant entity or a direct or indirect wholly-owned subsidiary of a "SOX" compliant entity. The audit committee shall be directly responsible for the appointment, compensation and oversight of the work of any accountant (including resolution of disagreements between management and the accountant regarding financial reporting) for the purpose of preparing or issuing audited financial report or related work pursuant to this regulation. Each accountant shall report directly to the audit committee. The audit committee of an insurer or group of insurers shall be responsible for overseeing the insurer's internal audit function and granting the person or persons performing the function suitable authority and resources to fulfill their responsibilities if required by paragraph (O) of this rule. Each member of the audit committee shall be a member of the board of directors of the insurer or a member of the board of directors of an entity elected pursuant to this paragraph and paragraph (C)(4) of this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(N) (TABLE)	Shall	(N) Requirements for audit committees The portion of independent audit committee members shall meet or exceed the following criteria: Prior Calendar Year Direct Written and Assumed Premiums [$0- $300,000,000] [No minimum requirements. See also note A and B.] [$300,000,000-$500,000,000] [Majority (50% or more) of members shall be independent. See also note A and B.] [Over $500,000,000] [Supermajority of members (75% or more) shall be independent. See also Note A and B.]	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(N)	Shall	(N) Requirements for audit committees An insurer with direct written and assumed premium, excluding premiums reinsured with the federal crop insurance corporation and federal flood program, less than five hundred million dollars may make application to the superintendent for a waiver from these requirements based upon hardship. The insurer shall file, with its annual statement filing, the approval for relief from paragraph (N) of this rule with the states that it is licensed in or doing business in and the NAIC. If the non-domestic state accepts electronic filing with the NAIC, the insurer shall file the approval in an electronic format acceptable to the NAIC.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(N)	Shall	(N) Requirements for audit committees An insurer with direct written and assumed premium, excluding premiums reinsured with the federal crop insurance corporation and federal flood program, less than five hundred million dollars may make application to the superintendent for a waiver from these requirements based upon hardship. The insurer shall file, with its annual statement filing, the approval for relief from paragraph (N) of this rule with the states that it is licensed in or doing business in and the NAIC. If the non-domestic state accepts electronic filing with the NAIC, the insurer shall file the approval in an electronic format acceptable to the NAIC.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(O)(2)	Shall	(O) Internal audit function requirements (2) The insurer or group of insurers shall establish an internal audit function providing independent, objective and reasonable assurance to the audit committee and insurer management regarding the insurer's governance, risk management and internal controls. This assurance shall be provided by performing general and specific audits, reviews and tests and by employing other techniques deemed necessary to protect assets, evaluate control effectiveness and efficiency, and evaluate compliance with policies and regulations.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(O)(3)	Must	(O) Internal audit function requirements (3) In order to ensure that internal auditors remain objective, the internal audit function must be organizationally independent. Specifically, the internal audit function will not defer ultimate judgment on audit matters to others, and shall appoint an individual to head the internal audit function who will have direct and unrestricted access to the board of directors. Organizational independence does not preclude dual-reporting relationships.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(O)(3)	Shall	(O) Internal audit function requirements (3) In order to ensure that internal auditors remain objective, the internal audit function must be organizationally independent. Specifically, the internal audit function will not defer ultimate judgment on audit matters to others, and shall appoint an individual to head the internal audit function who will have direct and unrestricted access to the board of directors. Organizational independence does not preclude dual-reporting relationships.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(O)(4)	Shall	(O) Internal audit function requirements (4) The head of internal audit function shall report to the audit committee regularly, but no less than annually, on the periodic audit plan, factors that may adversely impact the internal audit function's independence or effectiveness, material findings from completed audits and the appropriateness of corrective actions implemented by management as a result of audit findings.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(O)(5)	Other - requires an action	(O) Internal audit function requirements (5) If an insurer is a member of an insurance holding company system or included in a group of insurers, the insurer may satisfy the internal audit function requirements set forth in paragraph (O) of this rule at the ultimate controlling parent level, an intermediate holding company level or the individual legal entity level.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(P)	Shall	(P) Conduct of insurer in connection with the preparation of required reports and documents No director or officer of an insurer shall, directly or indirectly: (1) Make or cause to be made a materially false or misleading statement to an accountant in connection with any audit, review or communication required under this rule; or (2) Omit to state, or cause another person to omit to state, any material fact necessary in order to make statements made, in light of the circumstances under which the statements were made, not misleading to an accountant in connection with any audit, review or communication required under this rule. No officer or director of an insurer, or any other person acting under the direction thereof, shall directly or indirectly take any action to coerce, manipulate, mislead or fraudulently influence any accountant engaged in the performance of an audit pursuant to this rule if that person knew or should have known that the action, if successful, could result in rendering the insurer's financial statements materially misleading. Actions that, "if successful, could result in rendering the insurer's financial statements materially misleading" include, but are not limited to, actions taken at any time with respect to the professional engagement period to coerce, manipulate, mislead or fraudulently influence an accountant: (a) To issue or reissue a report on an insurer's financial statements that is not warranted in the	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(P)	Shall	(P) Conduct of insurer in connection with the preparation of required reports and documents No director or officer of an insurer shall, directly or indirectly: (1) Make or cause to be made a materially false or misleading statement to an accountant in connection with any audit, review or communication required under this rule; or (2) Omit to state, or cause another person to omit to state, any material fact necessary in order to make statements made, in light of the circumstances under which the statements were made, not misleading to an accountant in connection with any audit, review or communication required under this rule. No officer or director of an insurer, or any other person acting under the direction thereof, shall directly or indirectly take any action to coerce, manipulate, mislead or fraudulently influence any accountant engaged in the performance of an audit pursuant to this rule if that person knew or should have known that the action, if successful, could result in rendering the insurer's financial statements materially misleading. Actions that, "if successful, could result in rendering the insurer's financial statements materially misleading" include, but are not limited to, actions taken at any time with respect to the professional engagement period to coerce, manipulate, mislead or fraudulently influence an accountant: (a) To issue or reissue a report on an insurer's financial statements that is not warranted in the	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(Q)	Shall	(Q) Management's report of internal control over financial reporting Every insurer required to file an audited financial report pursuant to this rule that has annual direct written and assumed premiums, excluding premiums reinsured with the federal crop insurance corporation and federal flood program, of five hundred million dollars or more shall prepare a report of the insurer's or group of insurer's internal control over financial reporting as these terms are defined in paragraph (C) of this rule. The report shall be filed with the superintendent along with the communication of internal control related matters noted in an audit described in paragraph (K) of this rule. Management's report of internal control over financial reporting shall be as of December thirtyfirst immediately preceding.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(Q)	Other - requires an action	(Q) Management's report of internal control over financial reporting Notwithstanding the premium threshold, as stated above, the superintendent may require an insurer to file management's report of internal control over financial reporting if the insurer is in any "RBC" level event, or meets any one or more of the standards of an insurer deemed to be in hazardous financial condition as defined in sections 3903.01 to 3903.59 of the Revised Code.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(Q)	Other - requires an action	(Q) Management's report of internal control over financial reporting An insurer or a group of insurers that is: (1) Directly subject to "Section 404"; (2) Part of a holding company system whose parent is directly subject to "Section 404"; (3) Not directly subject to "Section 404" but is a "SOX" compliant entity; or (4) A member of a holding company system whose parent is not directly subject to "Section 404" but is a "SOX" compliant entity. may file its or its parents "Section 404" report on internal control and an addendum in satisfaction of this paragraph's requirement provided that those internal controls of the insurer or group of insurers having a material impact on the preparation of the insurer or group of insurers' its audited statutory financial statements were included in the scope of the "Section 404" reports. The addendum shall be a positive statement by management that there are no material processes with respect to the preparation of the insurer's or group of insurers' audited statutory financial statements excluded from the "Section 404" report. If there are internal controls of the insurer or group of insurers that have a material impact on the preparation of the insurer's or group of insurers' audited statutory financial statements and those internal controls were not included in the scope of the "Section 404" report, the insurer or group of insurers may	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(Q)	Shall	(Q) Management's report of internal control over financial reporting Management's report of internal control over financial reporting shall include: (a) A statement that management is responsible for establishing and maintaining adequate control over financial reporting; (b) A statement that management has established internal control over financial reporting and an assertion to the best of management's knowledge and belief, after diligent inquiry, as to whether its internal control over financial reporting is effective to provide reasonable assurance regarding the reliability of financial statements in accordance with statutory accounting principles; (c) A statement that briefly describes the approach or process by which management evaluated the effectiveness of its internal control over financial reporting; (d) A statement that briefly describes the scope of work that is included and whether any internal controls were excluded; (e) Disclosure of any unremediated material weaknesses in internal control over financial reporting identified by management as of December thirty-first immediately preceding. Management is not permitted to conclude that the internal control over financial reporting is effective to provide reasonable assurance regarding the reliability of financial statements in accordance with statutory accounting principles if there is one or more unremediated	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(Q)	Shall	(Q) Management's report of internal control over financial reporting Management's report of internal control over financial reporting shall include: (a) A statement that management is responsible for establishing and maintaining adequate control over financial reporting; (b) A statement that management has established internal control over financial reporting and an assertion to the best of management's knowledge and belief, after diligent inquiry, as to whether its internal control over financial reporting is effective to provide reasonable assurance regarding the reliability of financial statements in accordance with statutory accounting principles; (c) A statement that briefly describes the approach or process by which management evaluated the effectiveness of its internal control over financial reporting; (d) A statement that briefly describes the scope of work that is included and whether any internal controls were excluded; (e) Disclosure of any unremediated material weaknesses in internal control over financial reporting identified by management as of December thirty-first immediately preceding. Management is not permitted to conclude that the internal control over financial reporting is effective to provide reasonable assurance regarding the reliability of financial statements in accordance with statutory accounting principles if there is one or more unremediated	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(Q)	Shall	(Q) Management's report of internal control over financial reporting Management's report of internal control over financial reporting shall include: (a) A statement that management is responsible for establishing and maintaining adequate control over financial reporting; (b) A statement that management has established internal control over financial reporting and an assertion to the best of management's knowledge and belief, after diligent inquiry, as to whether its internal control over financial reporting is effective to provide reasonable assurance regarding the reliability of financial statements in accordance with statutory accounting principles; (c) A statement that briefly describes the approach or process by which management evaluated the effectiveness of its internal control over financial reporting; (d) A statement that briefly describes the scope of work that is included and whether any internal controls were excluded; (e) Disclosure of any unremediated material weaknesses in internal control over financial reporting identified by management as of December thirty-first immediately preceding. Management is not permitted to conclude that the internal control over financial reporting is effective to provide reasonable assurance regarding the reliability of financial statements in accordance with statutory accounting principles if there is one or more unremediated	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(R)(1)	Other - requires an action	(R) Exemptions and effective dates (1) Upon written application of any insurer, the superintendent may grant an exemption from compliance with any and all provisions this rule if the superintendent finds, upon review of the application, that compliance with this rule would constitute a financial or organizational hardship upon the insurer. An exemption may be granted at any time and from time to time for any specified period. Domestic insurers retaining an independent certified public accountant on the effective date of this rule shall comply with this rule for the year ending December 31, 2008, and each year thereafter unless the superintendent permits otherwise. Domestic insurers not retaining an independent certified public accountant on the effective date of this rule shall meet the following schedule for compliance, unless the superintendent gives his or her written permission otherwise. (a) For the year ending December 31, 2008, file with the superintendent an audited financial report: (b) For the year ending December 31, 2009, and each year thereafter, such insurers shall file with the superintendent all reports and communications required by this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(R)(1)	Shall	(R) Exemptions and effective dates (1) Upon written application of any insurer, the superintendent may grant an exemption from compliance with any and all provisions this rule if the superintendent finds, upon review of the application, that compliance with this rule would constitute a financial or organizational hardship upon the insurer. An exemption may be granted at any time and from time to time for any specified period. Domestic insurers retaining an independent certified public accountant on the effective date of this rule shall comply with this rule for the year ending December 31, 2008, and each year thereafter unless the superintendent permits otherwise. Domestic insurers not retaining an independent certified public accountant on the effective date of this rule shall meet the following schedule for compliance, unless the superintendent gives his or her written permission otherwise. (a) For the year ending December 31, 2008, file with the superintendent an audited financial report: (b) For the year ending December 31, 2009, and each year thereafter, such insurers shall file with the superintendent all reports and communications required by this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(R) (1)	Shall	(R) Exemptions and effective dates (1) Upon written application of any insurer, the superintendent may grant an exemption from compliance with any and all provisions this rule if the superintendent finds, upon review of the application, that compliance with this rule would constitute a financial or organizational hardship upon the insurer. An exemption may be granted at any time and from time to time for any specified period. Domestic insurers retaining an independent certified public accountant on the effective date of this rule shall comply with this rule for the year ending December 31, 2008, and each year thereafter unless the superintendent permits otherwise. Domestic insurers not retaining an independent certified public accountant on the effective date of this rule shall meet the following schedule for compliance, unless the superintendent gives his or her written permission otherwise. (a) For the year ending December 31, 2008, file with the superintendent an audited financial report: (b) For the year ending December 31, 2009, and each year thereafter, such insurers shall file with the superintendent all reports and communications required by this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(R) (1) (b)	Shall	(R) Exemptions and effective dates (1) Upon written application of any insurer, the superintendent may grant an exemption from compliance with any and all provisions this rule if the superintendent finds, upon review of the application, that compliance with this rule would constitute a financial or organizational hardship upon the insurer. An exemption may be granted at any time and from time to time for any specified period. Domestic insurers retaining an independent certified public accountant on the effective date of this rule shall comply with this rule for the year ending December 31, 2008, and each year thereafter unless the superintendent permits otherwise. Domestic insurers not retaining an independent certified public accountant on the effective date of this rule shall meet the following schedule for compliance, unless the superintendent gives his or her written permission otherwise. (a) For the year ending December 31, 2008, file with the superintendent an audited financial report: (b) For the year ending December 31, 2009, and each year thereafter, such insurers shall file with the superintendent all reports and communications required by this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(R) (2)	Shall	(R) Exemptions and effective dates (2) Foreign insurers shall comply with this rule for the year ending December 31, 2009, and each year thereafter, unless the superintendent gives his or her written permission otherwise.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(R) (3)		(R) Exemptions and effective dates (3) The requirements of paragraph (G) of this rule shall be in effect for audits of the year beginning January 1, 2010 and thereafter.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(R) (4)	Shall	(R) Exemptions and effective dates (4) The requirements of paragraph (N) of this rule are to be in effect January 1, 2010. An insurer or group of insurers that is not required to have independent audit committee members or only a majority of independent audit committee members (as opposed to a supermajority) because the total written and assumed premium is below the threshold and subsequently becomes subject to one of the independence requirements due to changes in premium shall have one year following the year threshold is exceeded (but not earlier than January 1, 2010) to comply with the independence requirements. Likewise, an insurer that becomes subject to one of the independence requirements as a result of a business combination shall have one calendar year following the date of acquisition or combination to comply with the independence requirements.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(R) (4)	Shall	(R) Exemptions and effective dates (4) The requirements of paragraph (N) of this rule are to be in effect January 1, 2010. An insurer or group of insurers that is not required to have independent audit committee members or only a majority of independent audit committee members (as opposed to a supermajority) because the total written and assumed premium is below the threshold and subsequently becomes subject to one of the independence requirements due to changes in premium shall have one year following the year threshold is exceeded (but not earlier than January 1, 2010) to comply with the independence requirements. Likewise, an insurer that becomes subject to one of the independence requirements as a result of a business combination shall have one calendar year following the date of acquisition or combination to comply with the independence requirements.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(R) (5)	Shall	(R) Exemptions and effective dates (5) The requirements of paragraph (Q) of this rule and other modified sections (identify modified sections), except for paragraph (N) of this rule covered above, are effective beginning with the reporting period December 31, 2010 and each year thereafter. An insurer or group of insurers that is not required to file a report because the total written premium is below the threshold and subsequently becomes subject to the reporting requirements shall have two years following the year the threshold is exceeded (but not earlier than December 31, 2010) to file a report. Likewise, an insurer acquired in a business combination shall have two calendar years following the date of acquisition or combination to comply with the reporting requirements.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(R) (5)	Shall	(R) Exemptions and effective dates (5) The requirements of paragraph (Q) of this rule and other modified sections (identify modified sections), except for paragraph (N) of this rule covered above, are effective beginning with the reporting period December 31, 2010 and each year thereafter. An insurer or group of insurers that is not required to file a report because the total written premium is below the threshold and subsequently becomes subject to the reporting requirements shall have two years following the year the threshold is exceeded (but not earlier than December 31, 2010) to file a report. Likewise, an insurer acquired in a business combination shall have two calendar years following the date of acquisition or combination to comply with the reporting requirements.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-50	(S)	Shall	(S) Canadian and British companies In the case of Canadian and British insurers, the audited financial report shall be defined as the annual statement of total business on the form filed by such companies with their domiciliary supervision authority duly audited by an independent chartered accountant. For such insurers, the letter required in paragraph (F)(2) of this rule shall state that the accountant is aware of the requirements relating to the audited financial report filed with the superintendent pursuant to paragraph (Q) of this rule andshall affirm that the opinion expressed is in conformity with such requirements.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(S)	Shall	(S) Canadian and British companies In the case of Canadian and British insurers, the audited financial report shall be defined as the annual statement of total business on the form filed by such companies with their domiciliary supervision authority duly audited by an independent chartered accountant. For such insurers, the letter required in paragraph (F)(2) of this rule shall state that the accountant is aware of the requirements relating to the audited financial report filed with the superintendent pursuant to paragraph (Q) of this rule andshall affirm that the opinion expressed is in conformity with such requirements.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-50	(T)	Shall Not	(T) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-52	(D)	Other - prohibits an action	Division (B)(2) of section 3956.18 of the Revised Code provides that no insurer shall deliver a policy or contract described in division (B)(1) of section 3956.04 of the Revised Code unless the document is delivered to the policy or contract holder prior to or at the time of delivery of the policy or contract, except if division (D) of section 3956.18 of the Revised Code applies. The document also shall be available upon request by a policy or contract holder. In providing the summary document described in division (B)(2) of section 3956.18 of the Revised Code, the insurer must use the exact form of the disclaimer set forth in appendix I to this rule.	3956.18	Yes, state law	Yes, state law
3901-1-52	(D)	Shall	Division (B)(2) of section 3956.18 of the Revised Code provides that no insurer shall deliver a policy or contract described in division (B)(1) of section 3956.04 of the Revised Code unless the document is delivered to the policy or contract holder prior to or at the time of delivery of the policy or contract, except if division (D) of section 3956.18 of the Revised Code applies. The document also shall be available upon request by a policy or contract holder. In providing the summary document described in division (B)(2) of section 3956.18 of the Revised Code, the insurer must use the exact form of the disclaimer set forth in appendix I to this rule.	3956.18	Yes, state law	Yes, state law

3901-1-52	(D)	Must	Division (B)(2) of section 3956.18 of the Revised Code provides that no insurer shall deliver a policy or contract described in division (B)(1) of section 3956.04 of the Revised Code unless the document is delivered to the policy or contract holder prior to or at the time of delivery of the policy or contract, except if division (D) of section 3956.18 of the Revised Code applies. The document also shall be available upon request by a policy or contract holder. In providing the summary document described in division (B)(2) of section 3956.18 of the Revised Code, the insurer must use the exact form of the disclaimer set forth in appendix I to this rule.	3956.18	Yes, state law	Yes, state law
3901-1-52	(E)	Other - prohibits an action	Division (D) of section 3956.18 of the Revised Code provides that no insurer or agent may deliver a policy or contract described in division (B)(1) of section 3956.04 of the Revised Code, all or a portion of which is excluded under division (B)(2)(a) of section 3956.04 of the Revised Code from coverage under Chapter 3956. of the Revised Code unless the insurer or agent, prior to or at the time of delivery gives the policy or contract holder a separate written notice that clearly and conspicuously discloses that the policy or contract, or a portion of the policy or contract, is not covered by the association. In providing the document described in division (D) of section 3956.18 of the Revised Code, the insurer or agent must use the exact form set forth in appendix I to this rule.	3956.18	Yes, state law	Yes, state law
3901-1-52	(E)	Must	Division (D) of section 3956.18 of the Revised Code provides that no insurer or agent may deliver a policy or contract described in division (B)(1) of section 3956.04 of the Revised Code, all or a portion of which is excluded under division (B)(2)(a) of section 3956.04 of the Revised Code from coverage under Chapter 3956. of the Revised Code unless the insurer or agent, prior to or at the time of delivery gives the policy or contract holder a separate written notice that clearly and conspicuously discloses that the policy or contract, or a portion of the policy or contract, is not covered by the association. In providing the document described in division (D) of section 3956.18 of the Revised Code, the insurer or agent must use the exact form set forth in appendix I to this rule.	3956.18	Yes, state law	Yes, state law
3901-1-52	(F)	Shall Not	If any section, term or provision of this rule is adjudged invalid for any reason, such judgment shall not affect, impair or invalidate any other section, term or provision of this rule, but the remaining sections, terms and provisions shall be and continue in full force and effect.	3956.18	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	C(9)	Shall	(C) Definitions (9) "Insurer" shall be defined as set forth in division (E) of section 3901.32 of the Revised Code.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	C(13)		(C) Definitions (13) "Person" shall be defined as set forth in section 3901.19of the Revised Code.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-54	C(14)	Other - requires an action	(C) Definitions (14) "Practice" means a type of activity or conduct engaged in by an insurer with such frequency as to constitute a customary procedure or policy routinely followed in the settlement of insurance claims. A single act is not a business practice. However, an act that is malicious, deliberate, conscious and knowing may be the basis for corrective action ordered only by the superintendent without a showing that the conduct is a practice.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	(D)(1)-(3)	Shall	(D) File and record documentation An insurer's claim files are subject to examination by the superintendent of insurance or by the superintendent's duly appointed designees. To aid in such examination: (1) An insurer shall maintain claim data that is accessible and retrievable for examination. Such data shall include number, line of coverage, date of loss and date of payment or date of denial or date when claim is closed without payment. The data for closed claims shall be kept for no less than three years or until the completion of the next financial examination conducted by the state of domicile, whichever is greater. Data for claims where the claims payment is less than one thousand dollars, or for towing, labor, glass or rental reimbursement may be kept in summary form. (2) An insurer must be able to reconstruct its activities in regard to any claim, by documentation appropriate for the type and size of the claim. If the claim is closed, the time period for retention is set forth in paragraph (D)(1) of this rule. (3) If an insurer does not maintain hard copy files, claim files shall be accessible and be capable of duplication to hard copy.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	E(1)	Shall	(E) Misrepresentation of policy provisions (1) An insurer shall fully disclose to first party claimants all pertinent benefits, coverages or other provisions of an insurance contract under which a claim is presented.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	E(2)	Shall	(E) Misrepresentation of policy provisions (2) No agent shall willfully conceal from first party claimants benefits, coverages or other provisions of any insurance contract when such benefits, coverages or other provisions are pertinent to a claim.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	E(3)	Shall	(E) Misrepresentation of policy provisions (3) No insurer shall deny aclaim based on the first party claimant's failure to make available forinspection the property which is the subject of the claim unless there isdocumentation of breach of the policy provisions in the claim file.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	E(4)	Shall	(E) Misrepresentation of policy provisions (4) No insurer shall deny a claim based uponthe failure of a first party claimant to give written notice of loss within aspecified time limit unless the notice is required by a policy condition, or afirst party claimant's failure to give written notice after being requested todo so by the insurer is so unreasonable as to constitute a breach of theclaimant's duty to cooperate with the insurer.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-54	E(5)	Shall	(E) Misrepresentation of policy provisions (5) No insurer shall indicate to a firstparty claimant on a payment draft, check or in any accompanying letter that thepayment is final or a release of any claim unless the policy limit has beenpaid or the first party claimant and the insurer have agreed to a compromisesettlement regarding coverage and the amount payable under the insurancecontract.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	E(6)	Shall	(E) Misrepresentation of policy provisions (6) No insurer shall issue checks or drafts in partial settlement of a loss or claim under aspecific coverage that contains language purporting to release the insurer orits insured from total liability.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	F(1)	Other - requires an action	(F)Response to acknowledge receipt of pertinent communications (1)Notification of aclaim given to an agent of an insurer shall be notification to theinsurer.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	F(2)	Shall	(F) Response to acknowledge receipt of pertinent communications (2) An insurer shall acknowledge the receipt of a claim within fifteen days of receiving such notification. An insurer may satisfy this requirement by making payment within this fifteen day period. An insurer may also satisfy this requirement by providing necessary claim forms and complete instructions to the claimant within this fifteen day period.	3901.041		
3901-1-54	F(3)	Shall	(F) Response to acknowledge receipt of pertinent communications (3) An insurer shall respond within fifteen days to any communication from a claimant, when that communication suggests a response is appropriate. In the event that a complainthas been filed by a claimant in any court, an insurer is not obligated torespond within this time period and any communication between the claimant andthe insurer will be subject to the appropriate rule of procedure for the courtin which the lawsuit was filed.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	(F)(4)	Shall	(F) Response to acknowledge receipt of pertinent communications (4) An insurer shall, within twenty-one days of receipt of an inquiry from the department regarding a claim, furnish the department with a reasonable response to the inquiry.		No, general rulemaking authority	No, general rulemaking authority

3901-1-54	G(1)	Shall	(G)General standards for settlement of claims (1)An insurer shall within twenty-one daysof the receipt of properly executed proof(s) of loss decide whether to acceptor deny such claim(s). If more time is needed to investigate the claim than thetwenty-one days allow, the insurer shall notify the claimant within thetwenty-one day period, and provide an explanation of the need for more time. Ifan extension of time is needed, the insurer has a continuing obligation tonotify the claimant in writing, at least every forty-five days, of the status of the investigation and the continuedtime for the investigation. If the form and execution of a proof of loss is material to aninsurer, the insurer shall immediately provide the claimant with the specificdocuments and specific instructions so the claimant can submit the claim. Aninsurer shall not otherwise deny a claim solely on the basis the proof of lossis not on the insurer's usual form. If an insurer reasonably believes, based upon informationobtained and documented within the claim file, that a claimant has fraudulentlycaused or contributed to the loss as represented by a properly executed anddocumented proof of loss, such information shall be presented to the frauddivision of the department within sixty days of receipt of the proof of loss.Any person making such report shall be afforded such immunity and theinformation submitted will be confidential as provided by sections 3901.44and 3999.31of the Revised Code.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	G(2)	Shall	(G) General standards for settlement of claims (2) No insurer shall deny a claim on the grounds of a specific policy provision,condition or exclusion unless reference to such provision, condition, orexclusion is included in the denial. The claim file of the insurer shallcontain documentation of the denial in accordance with paragraph (D) of thisrule.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	G(3)	Shall	(G) General standards for settlement of claims (3) Except as otherwise provided by policy provisions, an insurer shall settle first party claims uponrequest by the insured with no consideration given to whether theresponsibility for payment should be assumed by others.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	G(4)	Shall	(G) General standards for settlement of claims (4) No insurer shall require an insured tosubmit to a polygraph examination unless authorized under the applicableinsurance contract.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	G(5)	Shall	(G) General standards for settlement of claims (5) Notice shall be given to claimants at least sixty days before the expiration of any statute oflimitation or contractual limit, where the insurer has not been advised thatthe claimant is represented by legal counsel.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	G(6)	Shall	(G) General standards for settlement of claims (6) An insurer shall tender payment to afirst party claimant no later than ten days after acceptance of a claim if theamount of the claim is determined and is not in dispute, unless the settlementinvolves a structured settlement, action by a probate court, or otherextraordinary circumstances as documented in the claim file.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-54	G(7)	Shall	(G) General standards for settlement of claims (7) If a claim involves a non-negligentparty's property loss and multiple liability insurers, the multiple liabilityi nsurers shall adjust the property loss within a reasonable time and pay thenon-negligent party's loss in equal shares. After payment, the multipleliability insurers may then pursue available remedies to resolve the questionof responsibility for the non-negligent party's loss.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	G(8)	Shall	(G) General standards for settlement of claims (8) If a claim involves multiple coverages under any policy, no insurer shall withhold payment under any such coveragewhen the payment is known, the payment is not in dispute, and the payment wouldextinguish the insurer's liability under that coverage. No insurer shallwithhold such payment for the purpose of forcing settlement on all othercoverage to effect a single payment.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	G(9)	Must	(G) General standards for settlement of claims (9) An insurer must document the applicationof comparative negligence to any claim settlement. Such information shall befully disclosed to the claimant upon the claimant's written request. An insurershall not use pattern settlements as set forth in division (P) of section 3901.21of the Revised Code.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	G(10)	Shall Not	(G) General standards for settlement of claims (10) An insurer shall not use settlement practices that result in compelling firstparty claimants to litigate by offering substantially less than the amountsclaimed compared to the amount ultimately recovered in actions brought by suchclaimants.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	H(1)	Shall	((H) Standards for prompt, fair and equitable settlements of automobile insurance claims (1) When partial losses will be settled on the basis of a written estimate prepared by or for an insurer, the insurer shall supply the claimant a copy of the estimate upon which the proposedsettlement is based. If the claimant subsequently claims that necessary repairswill exceed the written estimate, the insurer shall pay the difference betweenthe written estimate and a higher estimate obtained by the claimant or promptlyprovide the claimant with the name of at least one repair shop that will makethe repairs for the amount of the written estimate. If the insurer provides thename of only one repair shop, it shall ensure that the repairs are performed ina workmanlike manner. The insurer shall maintain documentation of allcommunications with the claimant pursuant to this paragraph.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	H(2)	Shall	(H) Standards for prompt, fair and equitable settlements of automobile insurance claims (2) If an insurer reduces a claim amountbecause of betterment, depreciation or comparative negligence, it shall maintain all information pertaining to the reduction in the claim file. Suchdeductions shall be itemized and specified on the written estimate as to dollaramount and shall be appropriate for the amount of deductions.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-54	(H)(3)	Other - requires an action	(H) Standards for prompt, fair and equitable settlements of automobile insurance claims (3) An insurer may reduce a claim amount because of betterment deductions only if the deductions reflect a measurable decrease in market value due to the poorer condition of, or prior damage to, the vehicle; or reflect the general overall condition of the vehicle, considering its age, for the wear and tear or rust, and/or missing parts, limited to no more of a deduction than the replacement costs of part or parts.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	H(4)	Must	(H) Standards for prompt, fair and equitable settlements of automobile insurance claims (4) When partial losses will be settled onthe basis of a written estimate prepared by or for an insurer, the estimatemust clearly indicate the use of the parts in compliance with section 1345.81of the Revised Code. When like kind andquality parts are expected to be used inthe repair, the estimate shall clearly indicate the location of the licensedsalvage dealer where the like kind andquality parts are to beobtained.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	H(5)	Shall	(H) Standards for prompt, fair and equitable settlements of automobile insurance claims (5) An insurer which elects to repair and designates a specific repair shop for automobile repairs shall cause the damaged automobile to be restored to its condition prior to theloss. The insurer shall assess no additional cost against the claimant other than as stated in the policy, and the repairs should be effected within areasonable period of time.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	H(6)	Shall	(H) Standards for prompt, fair and equitable settlements of automobile insurance claims (6) Insettlement of claimants' automobile total losses on the basis of actual cashvalue or replacement of the automobile with another vehicle of like kind andquality, an insurer which elects to offer a replacement automobile shall: (a)Provide an automobile by the samemanufacturer, of the same or newer year, of similar body style, with similaroptions and mileage as the claimant's vehicle and in as good or better overallcondition than the first party automobile prior to loss; (b)Ensure that the automobile is availablefor inspection within a reasonable distance of the claimant'sresidence; (c)Pay all applicabletaxes, license fees, and other fees incident to transfer of evidence ofownership of the automobile at no cost to claimant other than any deductibleprovided in the policy; and (d)Document the offer of the replacement automobile and any rejection of the offerin the claim file.	3901.041	No, general rulemaking authority	

3901-1-54	H(7)	Other - requires an action	(H) Standards for prompt, fair and equitable settlements of automobile insurance claims (7) In settlement of claimants' automobile total losses on the basis of actual cashvalue or replacement of the automobile with another of like kind and quality, an insurer which elects to offer a cash settlement to claimant shall base the offer upon the actual cost topurchase a comparable automobile less any applicable deductible amountcontained in the policy, and/or deduction for betterment as contained inparagraph (H)(2) of this rule. The settlement value may be derived from: (a)The average cost of two or morecomparable automobiles in the local market area if comparable automobiles areor were available to consumers within the last ninety days; or (b)The average cost of two or morecomparable automobiles in areas proximate to the local market area, includingthe closest in-state or out-of-state major metropolitan areas, that are or were available to consumers within thelast ninety days if comparable automobiles are not availablepursuant to paragraph (H)(7)(a) of this rule; or (c)The average of two or more quotationsobtained by the insurer from two or more licensed dealers located within thelocal market area if comparable automobiles are not available pursuant toparagraphs (H)(7)(a) and (H)(7)(b) of this rule; or (d)The cost as determined from a generallyrecognized used	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	H(8)	Shall Not	(H) Standards for prompt, fair and equitable settlements of automobile insurance claims (8) An insurer shall not require a claimant to travel an unreasonable distance to inspect a replacement automobile, toobtain a repair estimate, or to have the automobile repaired at a specificrepair shop.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	H(9)	Shall	(H) Standards for prompt, fair and equitable settlements of automobile insurance claims (9) An insurer shall provide notice to a claimant prior to termination of payment for automobile storage charges. The insurer shall document all actions taken pursuant to this paragraph in accordance with paragraph (D) of this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	H(10)	Shall	(H) Standards for prompt, fair and equitable settlements of automobile insurance claims (10) An insurer shall include the first party claimant's deductible, if any, in subrogation demands. The insurer shall share any subrogation recovery received on a proportionate basis with the first party claimant, unless the first party claimant's deductible has been paid in advance or recovered. The insurer shall not deduct expenses from this amount except that an outside attorney or collection agency retained to collect such recovery may be paid a pro rata share of his expenses for collecting this amount.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-54	I(1)(a)-c	Shall	(I)Standards for prompt, fair and equitablesettlement of claims under fire and extended coverage insurance policies (1)If a fire and extended coverage insurancepolicy provides for the adjustment and settlement of first party losses basedon replacement cost, the following shall apply: (a)When a loss requires replacement of anitem or part, any consequential physical damages incurred in making such repairor replacement not otherwise excluded by the policy, shall be included in theloss. (b)When an interior orexterior loss requires replacement of an item and the replaced item does notmatch the quality, color or size of the item suffering the loss, the insurer shall replace as much of the item as to result in a reasonably comparableappearance. (c)When an insurersettles a loss that results in the insured paying a portion of the repair orreplacement as betterment, the insurer shall maintain documentation of thebasis for computing the betterment charge, and the insured's agreement to suchcharge prior to incurring the expense of the repair or replacement.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	I(2)(a)-(b)	Shall	(I) Standards for prompt, fair and equitable settlement of claims under fire and extended coverage insurance policies (2)If a fire and extendedcoverage insurance policy provides for the adjustment and settlement of losseson an actual cash value basis, the followingshall apply: (a)The insurer shall determineactual cash value by determining the replacement cost of property at the timeof loss, including sales tax, less any depreciation. Upon the insured'srequest, the insurer shall provide documentation detailing all depreciationdeductions. (b)If the insured'sinterest is limited because his property has nominal or no economic value, or avalue disproportionate to replacement cost less depreciation, the insurer isnot required to comply with paragraph (I)(2)(a) of this rule regarding thedetermination of actual cash value. However, the insurer shall provide upon theinsured's request, a written explanation of the basis for limiting the amountof recovery along with the amount payable under the policy.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	(K)	Other - requires an action	(K) Imposition of fine Pursuant to section 3901.22 of the Revised Code and a consent agreement with the insurer, the superintendent may recover the cost of an investigation under this rule and/or a penalty from the insurer.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-1-54	(L)	Shall Not	(L) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-1-55	E(1-3)	May Not	Credit history or a credit score or any aspect thereof, eitherindividually or collectively, may not be used without consideration of anyother applicable underwriting or rating factor as the sole basis for: (1)Any underwriting decision; (2)Any total premium determination; or (3)Any adverse action.	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-55	F(1-6)	Other - prohibits an action	Prohibited underwriting, rating andcredit scoring factors No insurer underwriting or rating a policy of personal linesinsurance shall use any of the following as a negative factor in any creditscoring methodology or in reviewing the credit history of any consumer: (1)Credit inquiries not initiated by theconsumer; (2)Credit inquiriesrelating to insurance coverage; (3)Disputed information that is currently under investigation by the consumer reporting agency, if so identified on therecords of such agency; (4)Collection accounts with a medical industry code, if so identified on therecords of the consumer reporting agency; (5)Multiple lender inquiries, if coded bythe consumer reporting agency on the consumer's credit report as being from thehome mortgage industry and made within thirty days of one another, unless onlyone inquiry is considered; or (6)Multiple lender inquiries, if coded by the consumer reporting agency on theconsumer's credit report as being from the automobile lending industry and madewithin thirty days of one another, unless only one inquiry is considered.	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-55	(G)(1)	Must	(G) Disclosure requirements (1)The consumer must be provided notice either prior to or at the time the insurance application is taken that credit history or a credit score may be obtained and used in connection with underwriting or rating a policy. Such notice shall either be written or provided to the consumer in the same medium as the application for insurance. The insurer need not provide such notice to any insured on a renewalpolicy, if such notice has previously been provided.	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-1-55	(G)(2)(a)(b)(c)	Must	(G) Disclosure requirements (2) If an adverse action is taken as a result of credit history or a credit score the following disclosures must be made to the consumer in writing within thirty days of the date the adverse action is taken: (a) The insurer must identify and describe the nature of the adverse action; (b) The insurer must describe the significant factors of the credit history or credit score that resulted in the adverse action, which may include the descriptive credit explanations provided by credit scoring vendors; and (c) The insurer must provide the consumer with all disclosures required by the Fair Credit Reporting Act, 15, U.S.C. 1681 et seq. (1998). Such disclosures shall include: (i) The name, address, and telephone number of the consumer reporting agency (including a toll-free telephone number established by the agency if the agency compiles and maintains files on consumers on a nationwide basis) that furnished the consumer information; (ii) A statement that the consumer reporting agency did not make the decision to take the adverse action and is unable to provide the consumer with the specific reasons why the adverse action was taken; (iii) Notice to the consumer of the consumer's right to obtain a free copy of the consumer's credit report from the consumer reporting agency; and (iv) Notice to the consumer of the consumer's right to dispute with the consumer reporting agency the accuracy or completeness of any information in a credit report furnished	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-55	(H)(1)(a)-c	Shall	(H) Updating credit history and credit scores (1) If credit history or a credit score, orany aspect thereof, is considered in underwriting or rating a consumer and aconsumer reporting agency determines that the credit information is inaccurateor incomplete and the insurer receives notice of this determination from aconsumer or a consumer reporting agency, the insurer shall, within thirty daysafter receiving the notice: (a)Re-underwritethe consumer; (b)Re-rate theconsumer; and (c)Adjust thepremium as indicated in paragraph (H)(2) of this rule	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-55	(H)(2) (a)-(b)	Shall	(H) Updating credit history and credit scores (2)If it is determined by there-underwriting or re-rating in accordance with paragraph (H)(1) of this rulethat the consumer has overpaid the premium, the insurer shall refund to theconsumer the amount of the overpayment of premium. Such payment shall becalculated back to the shorter of: (a)Thelast twelve months of coverage; or (b)The current policy term.	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-1-55	(H)(3)	Must	(H) Updating credit history and credit scores (3) After any policy of insurance has been issued and in the absence of a determination of the consumer reporting agency that the consumer's information is inaccurate or incomplete as describedin paragraph (H)(1) of this rule, the insurer must recheck the insured's credithistory or credit score at the written request of the insured, but no more thanonce every twelve months. The insurer may wait to recheck the creditinformation until the next renewal. The insurer shall adjust the premium orcoverage of any insured whose credit history or credit score was recheckedunder this section that reflects any change in the insured's credit history orcredit score. Any such premium or coverage adjustment shall be appliedprospectively to the next policy term.	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-55	(I)(1)	Other - prohibits an action	(I) Compliance with rule (1) Section 3901.20 of the Revised Code prohibits insurers from engaging in unfair or deceptiveacts. Section 3901.21 of the Revised Code defines as an unfair and deceptive act the following unfairdiscriminatory conduct: Making or permitting any unfair discrimination between individuals of the same class and of essentially the same hazard in the amount of premium, policy fees, or rates charged for any policy or contract ofinsurance, other than life insurance, or in the benefits payable thereunder, orin underwriting standards and practices or eligibility requirements, or in anyof the terms or conditions of such contract, or in any other manner whatever.	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-55	(I)(2)	Other - requires an action	(I) Compliance with rule (2) Division (A) of section 3937.02 and division (C) of section 3935.03 of the Revised Code set forth the factors an insurer or rating organization may consider in establishing rates for property and casualty insurance. Division (C) of section 3937.02 of the Revised Code provides that risks may be grouped by classification for the establishment of rates and minimum premiums, and states: Classification rates may be modified to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any differences among risks that can be demonstrated to have a probable effect upon losses or expenses.		No, general rulemaking authority	No, general rulemaking authority
3901-1-55	(I)(3)(a)	Shall	(I) Compliance with rule (3) Division (D) of section 3937.02 of the Revised Code further provides: "Rates shall not be excessive, inadequate, or unfairly discriminatory." In order to comply with the foregoing paragraphs, insurers shall abide by the following guidelines: (a) Insurers shall establish that credit history and credit scores used in underwriting or rating determinations are valid risk characteristics and are used in accordance with actuarial principles and standards of practice.	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-1-55	(I)(3)(b)	Must	(I) Compliance with rule (3) Division (D) of section 3937.02 of the Revised Code further provides: "Rates shall not be excessive, inadequate, or unfairly discriminatory." In order to comply with the foregoing paragraphs, insurers shall abide by the following guidelines: (b) If a consumer has no available credit history (known as a "no hit"), has insufficient credit history to develop a credit score (known as "no score"), or the available credit history is not used for rating, the consumer must be underwritten and rated in accordance with actuarial principles and standards of practice.	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-55	(I)(3)c	Shall	(I) Compliance with rule (3) Division (D) of section 3937.02 of the Revised Code further provides: "Rates shall not be excessive, inadequate, or unfairly discriminatory." In order to comply with the foregoing paragraphs, insurers shall abide by the following guidelines: (c) Insurers shall not use credit history or credit scores for arbitrary, capricious or unfairly discriminatory purposes. Credit history and credit scores shall not be based on race, color, religion, national origin, sex, marital status, handicap, or age.	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-55	(I)(3)(d)	Must	(I) Compliance with rule (3) Division (D) of section 3937.02 of the Revised Code further provides: "Rates shall not be excessive, inadequate, or unfairly discriminatory." In order to comply with the foregoing paragraphs, insurers shall abide by the following guidelines: (d) Insurers must maintain, implement and make available standards concerning how credit history and credit scores affect underwriting and rating decisions. Insurers shall file with the superintendent all risk classification criteria and rating manuals that relate to credit history and credit scores.	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-55	(I)(3)e	Shall	(I) Compliance with rule (3) Division (D) of section 3937.02 of the Revised Code further provides: "Rates shall not be excessive, inadequate, or unfairly discriminatory." In order to comply with the foregoing paragraphs, insurers shall abide by the following guidelines: (e) If a credit scoring model is modified or if its use in determining rates or rating plans is modified, the insurer shall re-file risk classification criteria and rating manuals with the superintendent, and shall re-establish that the credit scores are valid risk characteristics and are used in accordance with actuarial principles and standards of practice.		No, general rulemaking authority	No, general rulemaking authority

3901-1-55	(J)	Shall Not	(J) Severability If any provision of this rule or the application thereof to anyperson or circumstance is for any reason held to be invalid, the remainder ofthe rule and the application of the remaining provisions to such persons orcircumstances shall not be affected thereby.	3901.041, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(1)(a)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: (1) Transactions pursuant to section 3901.321 of the Revised Code: (a) Filing of the statement (form A) relating to the change of control or takeover of a domestic insurance company. Twenty-five hundred dollars.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(1)(b)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: (1) Transactions pursuant to section 3901.321 of the Revised Code: . . . (b) Filing for an exemption from the requirements of section 3901.321of the Revised Code. One thousand dollars.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(2)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (2) Transactions pursuant to section 3901.341of the Revised Code: Filing of any transaction (form D) required by this paragraph. Two hundred fifty dollars.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(3)(a)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (3) Transactions pursuant to Chapter 3905. of the Revised Code: (a) Filing of a notice of appointment of an agent, including the renewal of an agent at the time of annual renewal. Fifteen dollars/per appointment.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(3)(b)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (3) Transactions pursuant to Chapter 3905. of the Revised Code: . . . (b) Filing for authority to conduct business as a surplus lines insurer. One thousand dollars/annually.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(4)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (4) Transactions pursuant to section 3907.12 of the Revised Code: Filing for approval of a plan of reinsurance that exceeds the limits set forth in section 3907.12 of the Revised Code, or a plan of assumption reinsurance on policies issued by a domestic insurance company. Fifteen hundred dollars.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority

3901-1-57	(C)(5)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (5) Transactions pursuant to sections 3911.011, 3915.14, 3917.06, 3918.07, and 3923.02 of the Revised Code: Any filing required to be submitted to the superintendent. Fifty dollars per insurer/per filing. Multiple forms relating to a single policy may be filed together for one fifty dollar fee, otherwise, each form filed is considered a separate filing and a fifty dollar fee applies to each.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(6)(a)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (6) Transactions pursuant to sections 3913.01 to 3913.38 of the Revised Code: (a) Filing of a plan of conversion of a domestic stock life insurance corporation into a mutual insurance corporation. Twenty-five hundred dollars.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(6)(b)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (6) Transactions pursuant to sections 3913.01 to 3913.38 of the Revised Code: . . . (b) Filing of a plan of conversion of adomestic mutual life insurance company to a stock life insurance company. Twenty-five hundred dollars.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(6)(c)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (6) Transactions pursuant to sections 3913.01 to 3913.38 of the Revised Code: . . . (c) Filing of a plan of conversion of a non-life mutual insurance company to a stock non-life insurance company. Twenty-five hundred dollars.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(6)(d)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (6) Transactions pursuant to sections 3913.01 to 3913.38 of the Revised Code: . . . (d) Filing of a plan of reorganization or merger of a mutual insurance company or mutual insurance holding company. Twenty-five hundred dollars.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(7)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (7) Transactions pursuant to section 3913.40 of the Revised Code: Filing of a plan to transfer the domicile of an insurance company either to or from the state of Ohio. Twenty-five hundred dollars.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority

3901-1-57	(C)(8)(a)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (8) Transactions pursuant to section 3935.04 of the Revised Code: (a) Any filing required to be submitted to the superintendent. Fifty dollars per insurer/per filing. Multiple forms relating to a single policy may be filed togetherfor one fifty dollar fee, otherwise, each form or policy is considered a separate filing and a fifty dollar fee applies to each.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(8)(b)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (8) Transactions pursuant to section 3935.04 of the Revised Code: (b) Any excess rate filing required to be submitted to the superintendent pursuant to division (G) of section 3935.04 of the Revised Code is exempt from the filing fee.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(9)(a)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (9)Transactions pursuant to section 3937.03 of the Revised Code: (a) Any filing required to be submitted to the superintendent. Fifty dollars per insurer/perfiling. Multiple forms relating to a single policy may be filed together for one fifty dollar fee, otherwise, each form or policy is considered a separate filing and a fifty dollar fee applies to each.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(C)(9)(b)	Other - requires an action	(C) The following schedule of fees is established for transactions and services performed under the following: . . . (9)Transactions pursuant to section 3937.03 of the Revised Code: (b) Any special filing pursuant to division (E) of section 3937.03 of the Revised Code and any excess rate filing pursuant to division (G) of section 3937.03 of the Revised Code that are required to be submitted to the superintendent are exempt from the filing fee.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(E)(1)	Other - requires an action	The department will invoice the insurer for the fee charged for the transactions listed in paragraph (C)(3) of this rule.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(E)(2)	Shall	Fees charged for the transactions listed in paragraphs (C)(1), (C)(2), (C)(4), (C)(6) and (C)(7) of this rule shall be submitted with the first documents sent to the department.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(E)(3)	Shall	Fees charged for the transactions listed in paragraphs (C)(5), (C)(8) and (C)(9) of this rule shall be paid via the "EFT" functionality built into the "System for Electronic Rate and Form Filings" commonly known as"SERFF".	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-57	(E)(4)	Shall	All fees collected pursuant to this rule shall be deposited to the credit of the department of insurance operating fund created pursuant to section 3901.021 of the Revised Code.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority

3901-1-57	(F)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate anyother paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	R.C. 3901.041, 3901.043, and 3913.37	No, general rulemaking authority	No, general rulemaking authority
3901-1-58	(A)	Shall	The purpose of this rule is to prescribe the standard credentialing form to be used when credentialing or recredentialing providers. For purposes of this rule, the term "providers" shall have the same meaning as in division (P) of section 3963.01 of the Revised Code.	R.C. 3901.041, 3901.21, and 3963.08	No, general rulemaking authority	No, general rulemaking authority
3901-1-58	(C)	Shall	All credentialing and recredentialing of physicians and non-physician individual providers identified in division (P) of section 3963.01 of the Revised Code shall be performed using the credentialing form available from the council for affordable quality healthcare (CAQH) in electronic or paper format. The CAQH credentialing form shall be referred to as the department of insurance part A credentialing form.	R.C. 3901.041, 3901.21, and 3963.08	Yes, state law	Yes, state law
3901-1-58	(C)	Shall	The department of insurance part B credentialing form shall be used to credential hearing aid dealers, home health agencies, hospice care providers and all other providers, with the exception of hospitals, that are not individuals.	R.C. 3901.041, 3901.21, and 3963.08	Yes, state law	Yes, state law
3901-1-58	(D)	Shall Not	If any provision of this rule or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the rule and the application of such provision to other persons or circumstances shall not be affected thereby.	R.C. 3901.041, 3901.21, and 3963.08		
3901-1-64	(D)	Shall	(D) Each authorized insurer, surplus lines insurer, risk retention group, self-insurer, the medical liability underwriting association if created under section 3929.63 of the Revised Code, or any other entity that offers medical malpractice insurance to, or that otherwise assumes liability to pay medical, dental, optometric or chiropractic claims for, risks located in this state, shall report at least annually to the superintendent of insurance, or to the superintendent's designee, information regarding any medical, dental, optometric, or chiropractic claim asserted against a risk located in this state, if the claim resulted in: (1) A final judgment in any amount, (2) Asettlement in any amount, or (3) Afinal disposition of the claim resulting in no indemnity payment on behalf of the covered person or persons.	R.C. 3901.041 and 3929.302	Yes, state law	Yes, state law

3901-1-64	(E)	Shall	(E)The report required by paragraph (D) of this rule shall include for each claim: (1)The name, address and specialty coverage of each covered person; (2)The insured's policy number, if applicable; (3)The date of the occurrence that created the claim; (4)The name and address of the injured person; (5)The date the claim was reported and the claim number; (6)The injured person's age and sex; (7)If the medical, dental, optometric, or chiropractic claim was filed with the court, the case number and the name and location of the court; (8)In the case of a judgment, the date and amount of the judgment and, if the judgment is subject to the itemization requirements in division (B) of section 2323.43of the Revised Code, a description of the portion of the judgment that represents economic loss, non-economic loss and punitive damages, if any; (9)In the case of a settlement, the date and amount of the settlement and, if known, the injured person's incurred medical expense, wage loss, and other expenses; (10)Any loss adjustment expenses allocated to the claim or, if known, the amount allocated to each covered person; (11)The loss adjustment expense, broken down between fees and expenses, paid to defense counsel; (12)The date and reason nfor final disposition, if no judgment or settlement, and the type of disposition; (13)Unless disclosure is otherwise prohibited by state or federal law, a summary of the occurrence which created the	R.C. 3901.041 and 3929.302	Yes, state law	Yes, state law
3901-1-64	(F)	Shall	The report(s) required by this rule shall be filed with the superintendent, or the superintendent's designee, on or before May first of each year, and shall contain information for the previous calendar year.	R.C. 3901.041 and 3929.302	No, general rulemaking authority	No, general rulemaking authority
3901-1-64	(F)	Shall	The report(s) required by this rule shall be filed with the superintendent, or the superintendent's designee, on or before May first of each year, and shall contain information for the previous calendar year.	R.C. 3901.041 and 3929.302	No, general rulemaking authority	No, general rulemaking authority
3901-1-64	(G)	Shall	Any person listed in paragraph (D) of this rule that fails to timely submit the report required under this section shall be subject to a fine not to exceed five hundred dollars.	R.C. 3901.041 and 3929.302	No, general rulemaking authority	No, general rulemaking authority
3901-1-64	(H)	Shall	Information reported to the superintendent or the superintendent's designee pursuant to this rule shall be confidential and privileged and is not a public record as defined in section 149.43 of the Revised Code. The information provided under this section is not subject to discovery or subpoena and shall not be made public by the superintendent or any other person, including any rating organizations or other agencies designated by the superintendent to gather and/or compile the information	R.C. 3901.041 and 3929.302	No, general rulemaking authority	Yes, state law
3901-1-64	(I)	Other - prohibits an action	The requirements of this rule do not apply to reinsurers, reinsurance contracts, reinsurance agreements, or reinsurance claims transactions.	R.C. 3901.041 and 3929.302	No, general rulemaking authority	No, general rulemaking authority
3901-1-64	(J)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	R.C. 3901.041 and 3929.302	No, general rulemaking authority	No, general rulemaking authority

3901-1-65	(C)(1)	Shall	(1) Every insurer issued a certificate of authority to write medical malpractice insurance in this state and that issues such insurance in this state, shall at a minimum, file annually with the superintendent of insurance, appropriate information and exhibits, in support of the insurer's existing rating plan. If at any time the superintendent of insurance finds that a rate no longer complies with section 3937.01 to 3937.17 of the Revised Code, the superintendent may, in accordance with section 3937.04 of the Revised Code, state that the rate shall no longer be effective.	R.C. 3901.041, 3937.04, and 3937.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-65	(C)(1)	Other - prohibits an action	(1) Every insurer issued a certificate of authority to write medical malpractice insurance in this state and that issues such insurance in this state, shall at a minimum, file annually with the superintendent of insurance, appropriate information and exhibits, in support of the insurer's existing rating plan. If at any time the superintendent of insurance finds that a rate no longer complies with section 3937.01 to 3937.17 of the Revised Code, the superintendent may, in accordance with section 3937.04 of the Revised Code, state that the rate shall no longer be effective.	R.C. 3901.041, 3937.04, and 3937.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-65	(C)(3)	Shall	(C) Annual Rate Filing Requirement (3) Included with a filing required in divisions (C)(1) or (C)(2), every insurer that issues medical malpractice insurance in this state, shall file the average, minimum, and maximum deviation from manual rates due to individual risk premium modifications, also known as schedule rating credits and debits, or discretionary credits and debits, applied by the insurer during a twelve month period which ends no more than six months before the date of the filing. If at any time the superintendent of insurance finds that the credits and debits exceed the maximum allowed or may result in inadequate rates or be destructive of competition or detrimental to solvency of insurers, the superintendent may in accordance with section 3937.04 of the Revised Code state that the rate shall no longer be effective.	R.C. 3901.041, 3937.04, and 3937.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-65	(C)(3)	Other - prohibits an action	(C) Annual Rate Filing Requirement (3) Included with a filing required in divisions (C)(1) or (C)(2), every insurer that issues medical malpractice insurance in this state, shall file the average, minimum, and maximum deviation from manual rates due to individual risk premium modifications, also known as schedule rating credits and debits, or discretionary credits and debits, applied by the insurer during a twelve month period which ends no more than six months before the date of the filing. If at any time the superintendent of insurance finds that the credits and debits exceed the maximum allowed or may result in inadequate rates or be destructive of competition or detrimental to solvency of insurers, the superintendent may in accordance with section 3937.04 of the Revised Code state that the rate shall no longer be effective.	R.C. 3901.041, 3937.04, and 3937.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-65	(C)(4)	Other - requires an action	(C) Annual Rate Filing Requirement (4) The first filing under (C)(1)or (C)(2) is due within twelve months of the effective date of this rule.	R.C. 3901.041, 3937.04, and 3937.12	No, general rulemaking authority	No, general rulemaking authority

3901-1-65	(D)	Must	(D) Superintendent's Discretionary Authority Extensions of time for the filing required under division (C) may be granted by the superintendent upon a showing by the insurer the reasons for requesting such extension and a determination by the superintendent of good cause for the extension. The request for an extension must be submitted in writing not less than ten days prior to the due date of the required filing.	R.C. 3901.041, 3937.04, and 3937.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-65	(E)	Shall Not	Each paragraph of this rule and every part of each paragraph is an independent paragraph and part of a paragraph, and the determination that any paragraph or subpart of this rule or the application thereof to any person or circumstance is for any reason held invalid, such invalidity shall not affect any other paragraph or subpart or application of the rule that can be given effect without the invalid provision or application.	R.C. 3901.041, 3937.04, and 3937.12	No, general rulemaking authority	No, general rulemaking authority
3901-1-66	(D)	Shall Not	A surety bail bond agent shall not submit more than one power of attorney for any single bond, charge or charges, as is assigned a number by a court of proper jurisdiction.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(E)(1)	Must	All surety bail bonds submitted to the court or the custodian of an arrested person must be accompanied by a current, non-expired, legal power of attorney.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(E)(2)	Shall	Only one power of attorney shall be submitted per bond. The face value of the power shall be equal to or greater than the amount of the bond set by the court in the single charge or charges for which the bond and power are being submitted.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(E)(2)	Shall	Only one power of attorney shall be submitted per bond. The face value of the power shall be equal to or greater than the amount of the bond set by the court in the single charge or charges for which the bond and power are being submitted.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(E)(3)	Other - prohibits an action	No power of attorney that has been altered or erased shall be submitted to a court or insurance company.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(E)(4)	Other - prohibits an action	No expired power of attorney shall be submitted to a court or insurance company.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(E)(5)	Other - prohibits an action	No power of attorney shall be used or submitted to a court or insurance company more than once.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(F)	Other - prohibits an action	Immigration bonds may be solicited, sold, or negotiated only by: (1) A person holding an Ohio insurance license with a casualty line of authority conferred pursuant to Title 39 of the Revised Code. (2) A person holding an Ohio surety bail bond line of authority conferred pursuant to Title 39 of the Revised Code, who has been given a bond power that expressly allows for the writing of an immigration bond.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(G)	Other - prohibits an action	No surety bail bond agent shall be employed by, contracted with, or act as an agent for, or own an ownership interest in any person or business entity that loans money for, or takes collateral for the loan of money for, the purpose of posting a cash bond or surety bail bond on behalf of a defendant.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(H)(1)	Shall Not	When accepting real property as collateral for a bond, (1) A surety bail bond agent shall not require the transfer of title of any real property as a condition of issuing the bail bond.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law

3901-1-66	(H)(3)	Shall Not	When accepting real property as collateral for a bond, (3) A surety bail bond agent shall not provide title, notary, or lien filing services directly or indirectly to the client or defendant for a fee. A surety bail bond agent shall not receive any valuable consideration for referring a person for title, notary, or lien filing services.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(H)(3)	Shall Not	When accepting real property as collateral for a bond, (3) A surety bail bond agent shall not provide title, notary, or lien filing services directly or indirectly to the client or defendant for a fee. A surety bail bond agent shall not receive any valuable consideration for referring a person for title, notary, or lien filing services.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(H)(4)(a)	Must	When accepting real property as collateral for a bond, (4) Return of security document collateral: (a) If the security document has not been filed with the state or a division of the state to perfect the lien, and the bond has not been called or otherwise needed or used, the original mortgage or other security document must be stamped cancelled and returned to the client or defendant within twenty-one days from the end of the bond.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(H)(4)(b)	Must	When accepting real property as collateral for a bond, (4) Return of security document collateral: (b) If the security document has been filed with the state or a division of the state to perfect the lien, and the bond has not been called or otherwise needed or used, a release of the mortgage or release of the other security document must be completed within twenty-one days after the end of the bond. A copy of the release containing an official date/time stamp must be provided to the client within twenty-six days after the end of the bond.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(H)(4)(b)	Must	When accepting real property as collateral for a bond, (4) Return of security document collateral: (b) If the security document has been filed with the state or a division of the state to perfect the lien, and the bond has not been called or otherwise needed or used, a release of the mortgage or release of the other security document must be completed within twenty-one days after the end of the bond. A copy of the release containing an official date/time stamp must be provided to the client within twenty-six days after the end of the bond.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(1)(a)	Other - prohibits an action	(I) Solicitation (1) The following activities shall constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility: (a) Approaching a person not currently a client and in any way initiating communication concerning bail bond services.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(1)(b)	Other - prohibits an action	(I) Solicitation (1) The following activities shall constitute prohibited solicitation by a surety bail bond agent on the grounds (b) Writing bonds for an individual without their direct knowledge and consent.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law

3901-1-66	(I)(1)(c)	Other - prohibits an action	(I) Solicitation (1) The following activities shall constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility: (c) Communicating as, or holding oneself out to be, a court appointed surety bail bond agent or suggesting in any manner that one has been appointed by a court or other public agency to write a bond for a particular defendant, or on a particular case.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(1)(d)	Other - prohibits an action	(I) Solicitation (1) The following activities shall constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility: (d) Wearing clothing that indicates a person is in the bail bond industry unless otherwise directed by the court or detention facility, except the wearing of the issued department of insurance ID card.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(1)(e)	Other - prohibits an action	(I) Solicitation (1) The following activities shall constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility: (e) Conducting business in a loud and conspicuous manner.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(1)(f)	Other - prohibits an action	(I) Solicitation (1) The following activities shall constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility: (f) Distributing a business card, pen, or any other item, that identifies an individual or business entity as providing surety bail bond services.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(1)(g)	Other - prohibits an action	(I) Solicitation (1) The following activities shall constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility: (g) Physically impeding, blocking, or hindering the public from viewing or obtaining the docket or other information needed to ascertain the status or procedure of any court process including all court bonding processes.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(1)(h)	Other - prohibits an action	(I) Solicitation (1) The following activities shall constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility: (h) Engaging or hiring any person, directly or indirectly, to perform any acts listed in paragraphs (I)(1)(a) to (I)(1)(g) of this rule.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(1)(i)	Other - prohibits an action	(I) Solicitation (1) The following activities shall constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility: (i) Any other activity that may be construed as the sale or solicitation of surety bail bonds.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law

3901-1-66	(I)(2)(a)	Shall Not	(2) The following activities shall not constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility subject to the limitations of paragraph (I)(1) of this rule: (a) Having personal business matters before a court or detention facility;	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(2)(b)	Shall Not	(2) The following activities shall not constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility subject to the limitations of paragraph (I)(1) of this rule: (b) Attending a scheduled hearing or meeting with any person(s) regarding surety bail bonds as long as the meeting is arranged with the person(s) prior to the arrival at the courthouse or detention facility;	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(2)(c)	Shall Not	(2) The following activities shall not constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility subject to the limitations of paragraph (I)(1) of this rule: (c) Being retained by a person to write and post a surety bail bond;	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(2)(d)	Shall Not	(2) The following activities shall not constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility subject to the limitations of paragraph (I)(1) of this rule: (d) Gathering court and docket information for business purposes;	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(2)(e)	Shall Not	(2) The following activities shall not constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility subject to the limitations of paragraph (I)(1) of this rule: (e) Writing a bond and posting a bond with the court;	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(2)(f)	Shall Not	(2) The following activities shall not constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility subject to the limitations of paragraph (I)(1) of this rule: (f) Returning a fugitive from justice pursuant to section 2927.27 of the Revised Code;	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(2)(g)	Shall Not	(2) The following activities shall not constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility subject to the limitations of paragraph (I)(1) of this rule: (g) Notifying a court, or detention facility of professional activities being conducted by the surety bail bond agent, other than solicitation;	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(I)(2)(h)	Shall Not	(2) The following activities shall not constitute prohibited solicitation by a surety bail bond agent on the grounds of a courthouse or detention facility subject to the limitations of paragraph (I)(1) of this rule: (h) Filing required paperwork with the court or detention facility regarding bonds, prisoners, bail bond license status, or fugitives.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	Yes, state law
3901-1-66	(J)	Shall Not	If any section, term or provision of this rule is adjudged invalid for any reason, such judgment shall not affect, impair or invalidate any other section, term or provision of this rule, but the remaining sections, terms and provisions shall be and continue in full force and effect.	R.C. 3901.041 and 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-2-01	(A)	Other - prohibits an action	No domestic stock insurance company subject to division (D) of section 3901.31 of the Revised Code, or any director, officer, or employee of such insurer, or any other person, shall solicit, or permit the use of his name to solicit, by mail or otherwise, any proxy, consent, or authorization with respect to any such class of equity securities in contravention of Chapter 3901-2 of the Administrative Code. A domestic stock insurer which files with the securities and exchange commission with respect to any class of securities forms of proxies, consents, and authorizations complying with the requirements of the Securities Exchange Act of 1934, as amended, and regulation 14(A) promulgated thereunder, shall be exempt from the provisions of Chapter 3901-2 of the Administrative Code with respect to such class of securities.	R.C. 3901.041 and 3901.31	No, general rulemaking authority	No, general rulemaking authority
3901-2-01	(A)	Shall	No domestic stock insurance company subject to division (D) of section 3901.31 of the Revised Code, or any director, officer, or employee of such insurer, or any other person, shall solicit, or permit the use of his name to solicit, by mail or otherwise, any proxy, consent, or authorization with respect to any such class of equity securities in contravention of Chapter 3901-2 of the Administrative Code. A domestic stock insurer which files with the securities and exchange commission with respect to any class of securities forms of proxies, consents, and authorizations complying with the requirements of the Securities Exchange Act of 1934, as amended, and regulation 14(A) promulgated thereunder, shall be exempt from the provisions of Chapter 3901-2 of the Administrative Code with respect to such class of securities.	R.C. 3901.041 and 3901.31	No, general rulemaking authority	No, general rulemaking authority
3901-2-01	(B)	Shall	(B) Unless proxies, consents or authorizations in respect of any class of equity securities of a domestic insurer subject to Chapter 3901-2 of the Administrative Code are solicited by or on behalf of the management of such insurer from the holders of record of such securities in accordance with this chapter prior to any annual or other meeting of such security holders, such insurer shall file with the superintendent of insurance and transmit to every security holder who is entitled to vote in regard to any matter to be acted upon at the meeting and from whom a proxy is not solicited a written information statement containing the information specified in rule 3901-2-15 of the Administrative Code.	R.C. 3901.041 and 3901.31	No, general rulemaking authority	No, general rulemaking authority
3901-2-02	(I)	Shall	(I) "Person" meansan individual, a corporation, a partnership, an association, a joint stockcompany, a trust, any unincorporated organization, or a government or politicalsubdivision thereof. As used in this paragraph, the term "trust" shall include only a trust where the interest or interests of the beneficiary orbeneficiaries are evidenced by a security.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-03	unmarked "purpose"	Shall	Rule 3901-2-10 of the Administrative Code shall apply to every solicitation that is subject to this chapter.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-03	unmarked "purpose"	Shall	Rules 3901-2-02 to 3901-2-09 and 3901-2-11 of the Administrative Code shall apply to every solicitation that is subject to this chapter except the following:	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority

3901-2-03	(B)(2)	Shall	(B)Any solicitation by a person in respect of securities carried in his name or in the name of his nominee (otherwise than as voting trustee) or held in his custody, if such person: (2) Furnishes promptly to the person solicited a copy of all soliciting material with respect to the same subject matter or meeting received from all persons who shall furnish copies thereof for such purpose and who shall, if requested, defray the reasonable expenses to be incurred in forwarding such material; and	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-04	(A)	Shall	(A) No solicitation subject to this chapter shall be made unless each person solicited is concurrently furnished or has previously been furnished with a written proxy statement containing the information specified in rule 3901-2-13 of the Administrative Code	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-04	(B)(1)	Shall	(B) If the solicitation is made on behalf of the issuer and relates to an annual meeting of security holders at which directors are to be elected, each proxy statement shall be accompanied by an annual report to security holders as follows: (1) The report shall contain, in comparative columnar form, such financial statements for the last two fiscal years, prepared on a consistent basis, as will in the opinion of the management adequately reflect the financial position of the issuer at the end of each such year and the results of its operations for each such year. Consolidated financial statements of the issuer and its subsidiaries shall be included in the report if they are necessary to reflect the financial position and results of operations of the issuer and its subsidiaries, but in such case the individual statements of the issuer may be omitted. The superintendent of insurance may, upon the request of the issuer, permit the omission of financial statements for the earlier of such two fiscal years upon a showing of good cause therefor.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-04	(B)(2)	Shall	(B) If the solicitation is made on behalf of the issuer and relates to an annual meeting of security holders at which directors are to be elected, each proxy statement shall be accompanied by an annual report to security holders as follows: (2) The financial statements for the last two fiscal years required by paragraph (B)(1) of this rule shall be prepared in a manner acceptable to the superintendent of insurance.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-04	(B)(3)	Shall	(B) If the solicitation is made on behalf of the issuer and relates to an annual meeting of security holders at which directors are to be elected, each proxy statement shall be accompanied by an annual report to security holders as follows: (3) The report shall include, in comparative columnar form, a summary of issuer's operations, or the operations of the issuer and its subsidiaries consolidated, or both as appropriate, for each of the last five fiscal years of the issuer (or the lifeof the issuer and its predecessors, if less).	3901.041 R.C.		No, general rulemaking authority

3901-2-04	(B)(4)	Shall	(B) If the solicitation is made on behalf of the issuer and relates to an annual meeting of security holders at which directors are to be elected, each proxy statement shall be accompanied by an annual report to security holders as follows: (4) The report shall contain a brief description of the business or businesses done by the issuer and its subsidiaries during the most recent fiscal year which will, in the opinion of management, indicate the general nature and scope of the business of the issuer and its subsidiaries.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-04	(B)(5)	Shall	(B) If the solicitation is made on behalf of the issuer and relates to an annual meeting of security holders at which directors are to be elected, each proxy statement shall be accompanied by an annual report to security holders as follows: (5) The report shall identify each of the issuer's directors and officers and shall indicate the principal occupation or employment of each such person and the name and principal business of any organization by which such person is soemployed.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-04	(B)(6)	Shall	(B) If the solicitation is made on behalf of the issuer and relates to an annual meeting of security holders at which directors are to be elected, each proxy statement shall be accompanied by an annual report to security holders as follows: (6) The report shall identify the principal market in which securities of any class entitled to vote at the meeting are traded, stating the range of bid and asked quotations for each quarterly period during the issuer's two most recent fiscal years, and shall set forth each dividend paid during such two-year period.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-04	(B)(7)	Shall	(B) If the solicitation is made on behalf of the issuer and relates to an annual meeting of security holders at which directors are to be elected, each proxy statement shall be accompanied by an annual report to security holders as follows: (7) Subject to the foregoing requirements,the report may be in any form deemed suitable by management and the information required by paragraphs (B)(3) to (B)(6) of this rule may be presented in anappendix or other separate section of the report, provided that the attention of security holders is called to such presentation.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-04	(B)(8)	Shall Not	(B) If the solicitation is made on behalf of the issuer and relates to an annual meeting of security holders at which directors are to be elected, each proxy statement shall be accompanied by an annual report to security holders as follows: (8) Paragraph (B) of this rule shall not apply, however, to solicitations made on behalf of the management before the financial statements are available if a solicitation is being made at the time in opposition to the management and if the management's proxy statement includes an undertaking in bold face type to furnish such annual report to all persons being solicited, at least twenty days before the date of the meeting.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority

3901-2-04	(C)	Shall	(C) Two copies of the report sent to security holders pursuant to this rule shall be mailed to the superintendent of insurance, solely for his information, not later than the date on which such report was first sent or given to security holders or the date on which preliminary copies of solicitation material are filed, pursuant to rule 3901-2-07 of the Administrative Code, whichever date is later.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-04	(D)	Shall	(D) If the issuer knows that securities of any class entitled to vote at a meeting with respect to which the issuer intends to solicit proxies, consents or authorizations are held of record by a broker, dealer, bank or voting trustee, or their nominees, the issuer shall inquire of such record holder at least ten days prior to the record date for the meeting of security holders whether other persons are the beneficial owners of such securities and, if so, the number of copies of the proxy and other soliciting material and, in the case of an annual meeting at which directors are to be elected, the number of copies of the annual report to security holders, necessary to supply such material to beneficial owners. The issuer shall supply such record holder in a timely manner with additional copies in such quantities, assembled in such form and at such a place, as the record holder may reasonably request in order to address and send one copy of each to each beneficial owner of securities so held and shall, upon the request of such record holder, pay its reasonable expenses for mailing such material to security holders to whom the material is sent.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-05	(A) (1)-(3)	Shall	(A)The form of proxy shall: (1) Indicate in bold face type whether or notthe proxy is solicited on behalf of the issuer's board of directors, and, ifnot, by whom it is solicited; (2)Provide a specifically designated blank space for dating the proxy; and (3) Identify clearly and impartially each matter or group of related matters intended to be acted upon, whether proposed by the issuer or by security holders. No references need be made to proposals as to which discretionary authority is conferred pursuant to paragraph (C) of this rule	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-05	(B)(1)	Shall	(B)Ballot and authority to vote (1) Means shall be provided in the form of proxy whereby the person solicited is afforded an opportunity to specify by ballot a choice between approval or disapproval of, or abstention with respect to, each matter or group of related matters referred to therein as intended to be acted upon, other than elections to office. A proxy may confer discretionary authority with respect to matters as to which a choice is not so specified provided the form of proxy states in bold face type how it is intended to vote the shares represented by the proxy in each such case.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority

3901-2-05	(B)(2)	Shall	(B)Ballot and authority to vote (2) A form of proxy which provides both for the election of directors and for action on other specified matters shall beprepared so as to provide clearly by a box or otherwise, means by which the security holder may withhold authority to vote for any nominee for election as a director. Any such form of proxy which is executed by the security holder in such manner as not to withhold authority to vote for the election of all nominees shall be deemed to grant such authority for all nominees for which a vote is not withheld, provided the form of proxy so states in bold face type.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-05	(D)(1)-(2)	Shall	(D) No proxy shall confer authority to: (1) Vote for the election of any person to any office for which a bona fide nominee is not named in the proxy statement;or (2) Vote at any annual meeting,other than the next annual meeting (or any adjournment thereof), to be heldafter the date on which the proxy statement form of proxy are first sent orgiven to security holders. A person shall not be deemed to be a bona fide nominee and he shall not be named as such unless he has consented to being named in the proxy statement and to serve if elected.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-05	(E)	Shall	(E) The proxy statement or form of proxy shall provide, subject to reasonable specified conditions, that the securities represented by the proxy will be voted, and that where the person solicited specifies by means of a ballot provided pursuant to paragraph (B) of this rule, choice with respect to any matter to be acted upon, the securities will be voted in accordance with specifications so made.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-06	(A)	Shall	(A) The information included in the proxy statement shall be clearly presented and the statements made shall be divided into groups according to subject matter and the various groups of statements shall be preceded by appropriate headings.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-06	(B)	Shall	(B) All proxy statements shall disclose, under an appropriate caption, the date by which proposals of security holders intended to be presented at the next annual meeting must be received by the issuer for inclusion in the issuer's proxy statement and form of proxy relating to that meeting, such date to be calculated in accordance with the provisions of paragraph (A) of rule 3901-2-09 of the Administrative Code. If the date of the next annual meeting is subsequently advanced by more than thirty calendar days or delayed by more than ninety calendar days from the date of the annual meeting to which the proxy statement relates, the issuer shall, in a timely manner, inform security holders of such change, and the date by which proposals of security holders must be received, by any means reasonably calculated to so inform them.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-07	(A)	Shall	(A)Two preliminary copies of the proxystatement and any other soliciting material to be furnished to security holdersconcurrently therewith (or the information statement pursuant to rule 3901-2-15of the Administrative Code) shall be filed with the superintendent of insuranceat least ten days prior to the date definitive copies of such material arefirst sent or given to security holders, or such shorter period prior to thatdate as the superintendent of insurance may authorize upon a showing of goodcause therefor.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority

3901-2-07	(B)	Other - requires an action	(B) Two preliminary copies of any additional soliciting material relating to the samemeeting or subject matter to be furnished to security holders subsequent to theproxy statement shall be filed with the superintendent of insurance at leasttwo days (exclusive of Saturdays, Sundays and holidays) prior to the datecopies of such material are first sent or given to security holders, or suchshorter period prior to such date as the superintendent of insurance mayauthorize upon a showing of good cause therefor.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-07	(C)	Other - requires an action	(C) Two definitive copies of the proxystatement, form of proxy and all other soliciting material (or the informationstatement) in the form in which such material is furnished to security holders,shall be filed with, or mailed for filing to, the superintendent of insuranceno later than the date such material is first sent or given to any securityholder.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-07	(D)	Other - requires an action	(D) Copies of replies toinquiries from security holders requesting further information and copies ofcommunications which do no more than request that forms of proxy theretoforesolicited be signed and returned need not be filed.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-07	(E)		(E) Notwithstanding the provisions ofparagraphs (A) and (B) of this rule and of paragraph (E) of rule 3901-2-12 of the Administrative Code, copies of soliciting material in the form ofspeeches, press releases and radio or television scripts may, but need not, befiled with the superintendent of insurance prior to use or publication. Definitive copies, however, shall be filed with or mailed for filing to thesuperintendent of insurance as required by paragraph (C) of this rule not laterthan the date such material is used or published. The provisions of paragraphs (A) and (B) of this rule and of paragraph (E) of rule 3901-2-12 of the Administrative Code shall apply, however, to any reprints or reproductions of all or any part of such material.	3901.041 R.C.	No, general rulemaking authority	No, general rulemaking authority
3901-2-07	(F)		(F) Where any proxy statement, form of proxy or other material filed pursuant to this rule is amended or revised, one of thecopies of such amended or revised material filed pursuant to this rule shall be marked to indicate clearly and precisely the changes effected therein.	3901.041 R.C.	No, general rulemaking authority	
3901-2-08	Unmarked purpose?	Shall	If the management of the issuer has made or intends to make any solicitation subject to this chapter, the issuer shall perform such of the following acts as may be duly requested in writing with respect to the same subject matter or meeting by any security holder who is, or security holders who are, entitled to vote at least one per cent of the votes entitled to be voted on such matter and who shall defray the reasonable expenses to be incurred by the issuer in the performance of the act or acts requested.	3901.041	Yes, state law	Yes, state law

3901-2-08	(A)(1)	Shall	(A) The issuer shall mail or otherwise furnish to such security holder, as promptly as practicable after the receipt of such request: (1) A statement of the approximate number of record owners and, to the extent known to the issuer, the approximate number of beneficial owners of any class of securities, any of whom have been or are to be solicited on behalf of the management, or any group of whom the security holder shall designate. (2) An estimate of the cost of mailing a specified proxy statement, form of proxy or other communication to such owners.	3901.041	Yes, state law	Yes, state law
3901-2-08	(A)(2)	Shall	(A) The issuer shall mail or otherwise furnish to such security holder, as promptly as practicable after the receipt of such request: (1) A statement of the approximate number of record owners and, to the extent known to the issuer, the approximate number of beneficial owners of any class of securities, any of whom have been or are to be solicited on behalf of the management, or any group of whom the security holder shall designate. (2) An estimate of the cost of mailing a specified proxy statement, form of proxy or other communication to such owners.	3901.041	Yes, state law	Yes, state law
3901-2-08	(B)(1)	Shall	(B) (1) Copies of any proxy statement, form of proxy or other communication furnished by the security holder shall be mailed by the issuer to such of the security owners specified in paragraph (A)(1) of this rule as the security holder shall designate. (2) Such material furnished by the security holder shall be mailed with reasonable promptness after receipt of the material to be mailed, envelopes or other containers therefor, and postage or payment for postage. The issuer need not, however, mail any such material prior to the first day on which solicitation is made on behalf of the issuer. (3) The issuer shall not be responsible for such proxy statement, form of proxy or other comunication.	3901.041	Yes, state law	Yes, state law
3901-2-08	(B)(2)	Shall	(B) (1) Copies of any proxy statement, form of proxy or other communication furnished by the security holder shall be mailed by the issuer to such of the security owners specified in paragraph (A)(1) of this rule as the security holder shall designate. (2) Such material furnished by the security holder shall be mailed with reasonable promptness after receipt of the material to be mailed, envelopes or other containers therefor, and postage or payment for postage. The issuer need not, however, mail any such material prior to the first day on which solicitation is made on behalf of the issuer. (3) The issuer shall not be responsible for such proxy statement, form of proxy or other comunication.	3901.041	Yes, state law	Yes, state law

3901-2-08	(B)(3)	Shall Not	(B) (1) Copies of any proxy statement, form of proxy or other communication furnished by the security holder shall be mailed by the issuer to such of the security owners specified in paragraph (A)(1) of this rule as the security holder shall designate. (2) Such material furnished by the security holder shall be mailed with reasonable promptness after receipt of the material to be mailed, envelopes or other containers therefor, and postage or payment for postage. The issuer need not, however, mail any such material prior to the first day on which solicitation is made on behalf of the issuer. (3) The issuer shall not be responsible for such proxy statement, form of proxy or other comunication.		Yes, state law	Yes, state law
3901-2-08	(C)	Other - requires an action	(C) In lieu of performing the acts specified above, the issuer may, at its option, furnish promptly to such security holder a reasonably current list of the names and addresses of such of the record owners and, to the extent known to the issuer, the beneficial owners as the security holder shall designate and a schedule of the handling and mailing costs if such schedule has been supplied to the issuer.	3901.041	Yes, state law	Yes, state law
3901-2-09	(A)	Shall	(A) If any holder or holders of the securities of an issuer (hereafter referred to as the "proponent") notifies the issuer in writing not less than ninety days before the issuer's annual meeting of his intention to present a lawful proposal for action at a forthcoming meeting of the issuer's security holders and at the time of such notice the proponent is entitled to vote on such proposal, the issuer shall set forth the proposal in its proxy statement and identify it in its form of proxy and provide for the specification of approval or disapproval of such proposal. The proxy statement shall also include the name and address of the proponent.	3901.041	Yes, state law	Yes, state law
3901-2-09	(B)	Shall	(B) If the issuer opposes any proposal received from a proponent, it shall also, at the request of the proponent, include in its proxy statement a statement of the proponent of not more than two hundred words in support of the proposal.	3901.41	Yes, state law	Yes, state law

3901-2-09	(C)	Other - requires an action	(C) The issuer may omit a proposal and any statement in support thereof from its proxy statement and form of proxy under any of the following circumstances: (1) The proponent has submitted more than one proposal in connection with a particular meeting. (2) The proposal is more than three hundred words in length. (3) The proposal or the supporting statement is contrary to any rule contained in this chapter, including rule 3901-2-10 of the Administrative Code, which prohibits false or misleading statements in proxy soliciting materials. (4) The proposal relates to the enforcement of a personal claim or the redress of a personal grievance gainst the issuer, its management, or any other person. (5) The proposal deals with a matter not significantly related to the issuer's business; a matter beyond the issuer's power to effectuate; a matter relating to the conduct of the ordinary business operations of the issuer; or an election to office. (6) The proposal is counter to a proposal to be submitted by the issuer at the meeting; the proposal has been rendered moot; or the proposal relates to specific amounts of cash or stock dividends. (7) The proposal is substantially duplicative of a proposal previously submitted to the issuer by another proponent, which proposal will be included in the management's proxy material for the meeting. (8) Substantially the same proposal has previously been submitted to security holders in the issuer's		Yes, state law	Yes, state law
3901-2-09	(D)	Shall	(D) If the issuer intends to omit any proposal from its proxy statement and/or forms of proxy, it shall notify the proponent in writing of its intention at least ten days before the issuer's preliminary proxy material is filed pursuant to paragraph (A) of rule 3901-2-07 of the Administrative Code.	3901.41	Yes, state law	Yes, state law
3901-2-10	Entire Rule	Shall	No proxy statement, form of proxy, notice of meeting, information statement, or other communication, written or oral, subject to this rule, shall contain any statement which, at the time and in the light of the circumstances under which it is made, is false or misleading with respect to any material fact, or which omits to state any material fact necessary in order to make the statements therein not false or misleading or necessary to correct any statement in any earlier communication with respect to the same meeting or subject matter which has become false or misleading.	3901.041	Yes, state law	Yes, state law

3901-2-11	Entire Rule	Shall	No person making a solicitation which is subject to this chapter shall solicit any undated or postdated proxy or any proxy which provides that it shall be deemed to be dated as of any date subsequent to the date on which it is signed by the security holder.	3901.041	Yes, state law	Yes, state law
3901-2-12	(C)(1)	Shall	(C) Filing of information required by rule 3901-2-14 of the Administrative Code. (1) No solicitation subject to this rule shall be made by any person other than the issuer unless at least five business days prior thereto, or such shorter period as the superintendent of insurance may authorize upon a showing of good cause therefor, there has been filed with the superintendent of insurance, by or on behalf of each participant in such solicitation other than the issuer, a statement in duplicate containing the information specified by rule 3901-2-14 of the Administrative Code.	3901.041	Yes, state law	Yes, state law
3901-2-12	(C)(2)	Shall	(C) Filing of information required by rule 3901-2-14 of the Administrative Code. (2) Within five business days after a solicitation subject to this rule is made by the issuer, or such longer period as the superintendent of insurance may authorize upon a showing of good cause therefor, there shall be filed with the superintendent of insurance, by or on behalf of each participant in such solicitation other than the issuer, a statement in duplicate containing the information specified by rule 3901-2-14 of the Administrative Code.	3901.041	Yes, state law	Yes, state law
3901-2-12	(C)(3)		(C) Filing of information required by rule 3901-2-14 of the Administrative Code. (3) If any solicitation on behalf of the issuer or any other person has been made, or if proxy material is ready for distribution, prior to a solicitation subject to this rule in opposition thereto, a statement in duplicate containing the information specified in rule 3901-2-14 of the Administrative Code shall be filed with the superintendent of insurance, by or on behalf of each participant in such prior solicitation, other than the issuer, as soon as reasonably practicable after the commencement of the solicitation in opposition thereto.	3901.041	Yes, state law	Yes, state law

3901-2-12	(C)(4)	Shall	(C) Filing of information required by rule 3901-2-14 of the Administrative Code. (4) If, subsequent to the filing of the statements required by paragraphs (A), (B), and (C) of this rule, additional persons become participants in a solicitation subject to this rule, there shall be filed with the superintendent of insurance, by or on behalf of each such person, a statement in duplicate containing the information specified by rule 3901-2-14 of the Administrative Code, within three business days after such person becomes a participant, or such longer period as the superintendent of insurance may authorize upon a showing of good cause therefor.	3901.041	Yes, state law	Yes, state law
3901-2-12	(C)(5)	Shall	(C) Filing of information required by rule 3901-2-14 of the Administrative Code. (5) If any material change occurs in the facts reported in any statement filed by or on behalf of any participant, an appropriate amendment to such statement shall be filed promptly with the superintendent of insurance.	3901.041	Yes, state law	Yes, state law
3901-2-12	(C)(6)	Shall	(C) Filing of information required by rule 3901-2-14 of the Administrative Code. (6) Each statement and amendment thereto filed pursuant to paragraph (C) of this rule shall be part of the public files of the superintendent of insurance.	3901.041	Yes, state law	Yes, state law
3901-2-12	(D)(2)	Shall Not	(D) Solicitations prior to furnishing required written proxy statement. (2) No form of proxy is furnished to security holders prior to the time the written proxy statement required by paragraph (A) of rule 3901-2-04 of the Administrative Code is furnished to such persons; provided, however, that this paragraph shall not apply where a proxy statement then meeting the requirements of rule 3901-2-13 of the Administrative Code has been furnished to security holders.	3901.041	Yes, state law	Yes, state law

3901-2-12	(E)	Shall	(E) Solicitations prior to furnishing required written proxy statement--filing requirements. Two copies of any soliciting materials proposed to be sent or given to security holders prior to the furnishing of the written proxy statement required by paragraph (A) of rule 3901-2-04 of the Administrative Code shall be filed with the superintendent of insurance in preliminary form at least five business days prior to the date definitive copies of such material are first sent or given to such persons, or such shorter period as the superintendent of insurance may authorize upon a showing of good cause therefor.	3901.041	Yes, state law	Yes, state law
3901-2-12	(F)	Shall	(F) Notwithstanding the provisions of paragraph (B)(3) of rule 3901-2-04 of the Administrative Code, two copies of any portion of the annual report referred to in paragraph (B) of rule 3901-2-04 of the Administrative Code which comments upon or refers to any solicitation subject to this rule or to any participant in any such solicitation, other than the solicitation by the management, shall be filed with the superintendent of insurance as proxy material subject to this rule. Such portion of the report shall be filed with the superintendent of insurance, in preliminary form, at least five business days prior to the date copies of the report are first sent or given to security holders.	3901.041	Yes, state law	Yes, state law
3901-2-13	(C)	Other - requires an action	(C) Revocability of proxy State whether or not the person giving the proxy has the power to revoke it. If the right of revocation before the proxy is exercised is limited, or is subject to compliance with any formal procedure, briefly describe such limitation or procedure.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(D)	Other - requires an action	(D) Dissenters' rights of appraisal Outline briefly any rights of appraisal or similar rights of dissenters with respect to any matter to be acted upon and indicate any statutory procedure required to be followed by dissenting security holders in order to perfect such rights. Where such rights may be exercised only within a limited time after thedate of adoption of a proposal, the filing of a charter amendment or other similar act, state whether the person solicited will be notified of such date.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(E)(1)(a)		(1) Solicitations not subject to rule 3901-2-12 of the Administrative Code. (E) Persons making the solicitation (1) Solicitations not subject to rule 3901-2-12 of the Administrative Code. (a) If the solicitation is made by the issuer, so state. Give the name of any director of the issuer who has informed the issuer in writing that he intends to oppose any action intended to be taken by the issuer and indicate the action which he intends to oppose.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(E)(1)(b)	Other - requires an action	(E) Persons making the solicitation (1) Solicitations not subject to rule 3901-2-12 of the Administrative Code. (b) If the solicitation is made otherwise than by the issuer, so state and give the names of the persons by whom and on whose behalf it is made.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(E)(1)(c)	Other - requires an action	(E) Persons making the solicitation (1) Solicitations not subject to rule 3901-2-12 of the Administrative Code. (c) If the solicitation is to be made otherwise than by the use of the mails, describe the methods to be employed. If the solicitation is to be made by specially engaged employees or paid solicitors, state:	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(E)(1)(c)(i)	Other - requires an action	(E) Persons making the solicitation (1) Solicitations not subject to rule 3901-2-12 of the Administrative Code. (c) If the solicitation is to be made otherwise than by the use of the mails, describe the methods to be employed. If the solicitation is to be made by specially engaged employees or paid solicitors, state: (i) The material features of any contract or agreement for such solicitation and identify the parties; and	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(E)(1)(c)(ii)	Other - requires an action	(E) Persons making the solicitation (1) Solicitations not subject to rule 3901-2-12 of the Administrative Code. (c) If the solicitation is to be made otherwise than by the use of the mails, describe the methods to be employed. If the solicitation is to be made by specially engaged employees or paid solicitors, state: (ii) The cost or anticipated cost thereof.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(E)(1)(d)	Other - requires an action	(E) Persons making the solicitation (1) Solicitations not subject to rule 3901-2-12 of the Administrative Code. (d) State the names of the persons by whom the cost of solicitation has been or will be borne, directly or indirectly.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(E)(2)(a)	Other - requires an action	(E) Persons making the solicitation (2) Solicitations subject to rule 3901-2-12 of the Administrative Code. (a) State by whom the solicitation is made and describe the methods employed and to be employed to solicit security holders.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(E)(2)(b)	Other - requires an action	((E) Persons making the solicitation (2) Solicitations subject to rule 3901-2-12 of the Administrative Code. (b) If regular employees of the issuer or any other participant in a solicitation have been or are to be employed to solicit security holders, describe the class or classes of employees to be so employed, and the manner and nature of their employment for such purpose.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(E)(2)(c)(i)	Other - requires an action	(E) Persons making the solicitation (2) Solicitations subject to rule 3901-2-12 of the Administrative Code. (c) If specially engaged employees, representatives or other persons have been or are to be employed to solicit security holders, state: (i) The material features of any contract or arrangement.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(E)(2)(c)(ii)	Other - requires an action	(E) Persons making the solicitation (2) Solicitations subject to rule 3901-2-12 of the Administrative Code. (c) If specially engaged employees, representatives or other persons have been or are to be employed to solicit security holders, state: (ii) The cost or anticipated cost thereof; and	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(E)(2)(c)(iii)	Other - requires an action	(E) Persons making the solicitation (2) Solicitations subject to rule 3901-2-12 of the Administrative Code. (c) If specially engaged employees, representatives or other persons have been or are to be employed to solicit security holders, state: (iii) The approximate number of such employees or employees of any other person (naming such other person) who will solicit security holders.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(E)(2)(d)	Other - requires an action	(E) Persons making the solicitation (2) Solicitations subject to rule 3901-2-12 of the Administrative Code. (d) State the total amount estimated to be spent and the total expenditures to date for, in furtherance of, or in connection with, the solicitation of security holders.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(E)(2)(e)	Other - requires an action	(E) Persons making the solicitation (2) Solicitations subject to rule 3901-2-12 of the Administrative Code. (e) State by whom the cost of the solicitation will be borne. If reimbursement will be sought from the issuer, state whether the question of such reimbursement will be submitted to a vote of security holders.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(E)(2)(f)	Other - requires an action	(E) Persons making the solicitation (2) Solicitations subject to rule 3901-2-12 of the Administrative Code. (f) If any such solicitation is terminated pursuant to a settlement between the issuer and any other participant in such solicitation, describe the terms of such settlement, including the cost or anticipated cost thereof to the issuer.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(F)(1)(a)	Other - requires an action	(F) Interest of certain persons in matters to be acted upon. (1) Solicitations not subject to rule 3901-2-12 of the Administrative Code. Describe briefly any substantial interest, direct or indirect, of each of the following persons in any matter to be acted upon, other than elections to office: (a) If the solicitation is made on behalf of the issuer, each current director or officer of the issuer.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(F)(1)(b)	Other - requires an action	(F) Interest of certain persons in matters to be acted upon. (1) Solicitations not subject to rule 3901-2-12 of the Administrative Code. Describe briefly any substantial interest, direct or indirect, of each of the following persons in any matter to be acted upon, other than elections to office: (b) If the solicitation is made otherwise than on behalf of the issuer, any person who would be a participant in a solicitation (except the issuer, or an officer, director, or nominee of the issuer).	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(F)(1)(c)	Other - requires an action	(F) Interest of certain persons in matters to be acted upon. (1) Solicitations not subject to rule 3901-2-12 of the Administrative Code. Describe briefly any substantial interest, direct or indirect, of each of the following persons in any matter to be acted upon, other than elections to office: (c) Each nominee for election as a director of the issuer.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(F)(1)(d)	Other - requires an action	(F) Interest of certain persons in matters to be acted upon. (1) Solicitations not subject to rule 3901-2-12 of the Administrative Code. Describe briefly any substantial interest, direct or indirect, of each of the following persons in any matter to be acted upon, other than elections to office: (d) Each associate of the foregoing persons.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(F)(2)	Other - requires an action	(F) Interest of certain persons in matters to be acted upon. (2) Solicitations subject to rule 3901-2-12 of the Administrative Code. Describe briefly any substantial interest, direct or indirect, of each participant (except the issuer) in any matter to be acted upon at the meeting, and include with respect to each participant the information or an adequate summary thereof, required by paragraphs (B)(1), (B)(3), (C), (D)(2), and (D)(3) of rule 3901-2-14 of the Administrative Code.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(G)(1)	Other - requires an action	(G) Voting securities and principal holders thereof. (1) State as to each class of voting securities of the issuer entitled to be voted at the meeting, the number of shares outstanding and the number of votes to which each class is entitled.	3901.041, 3901.31	Yes, state law	Yes, state law

39001-2-13	(G)(2)	Other - requires an action	(G) Voting securities and principal holders thereof. (2) Give the date as of which the record of security holders entitled to vote at the meeting will be determined. If the right to vote is not limited to security holders of record on that date, indicate the conditions under which other security holders may be entitled to vote.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(G)(3)(a)(b)(c)(d)	Other - requires an action	(G) Voting securities and principal holders thereof. (3) If action is to be taken with respect to the election of directors and if the persons solicited have cumulative voting rights: (a) Make a statement that they have such rights; (b) Describe such rights; (c) State the conditions precedent to the exercise thereof; and (d) If discretionary authority to cumulate votes is solicited, so indicate.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(G)(4)(a)	Other - requires an action	(G) Voting securities and principal holders thereof. (4) Furnish security ownership information as of the most recent practicable date, in substantially the tabular form set forth in appendix I to this rule, with respect to: (a) Any person or group of persons who is known to be the beneficial owner of more than five per cent of any class of securities; and (b) All directors and nominees, naming them, and directors and officers of the issuer as a group, without naming them.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(G)(4)(b)	Other - requires an action	(G) Voting securities and principal holders thereof. (4) Furnish security ownership information as of the most recent practicable date, in substantially the tabular form set forth in appendix I to this rule, with respect to: (a) Any person or group of persons who is known to be the beneficial owner of more than five per cent of any class of securities; and (b) All directors and nominees, naming them, and directors and officers of the issuer as a group, without naming them.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(G)(5)	Other - requires an action	(G) Voting securities and principal holders thereof. (5) If, to the knowledge of the persons on whose behalf the solicitation is made, a change in control of the issuer has occurred since the beginning of its last fiscal year, state the name of the person(s) who acquired control, the amount and the source of the consideration used by such person or persons, the basis of the control, the date and a description of the transaction(s) which resulted in the change of control and the percentage of voting securities of the issuer now beneficially owned directly or indirectly by the person(s) who acquired control, and the identity of the person(s) from whom control was assumed. Describe any arrangements which may at a subsequent date result in a change of control of the issuer.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(H)(1)	Other - requires an action	(H) Directors and executive officers. If action is to be taken with respect to election of directors, furnish the following information, in tabular form to the extent practicable, with respect to each person nominated for election as a director and each person whose term of office will continue after the meeting. However, if the solicitation is made on behalf of persons other than the issuer, the information required need be furnished only as to nominees of the persons making the solicitation. (1) Identification of directors and officers. List the names and ages of all directors and officers of the issuer, and all persons nominated or chosen to become directors or officers; indicate all positions and offices with the issuer held by each such person; state his term of office as director and/or officer and any period(s) during which he has served as such; briefly describe any arrangement or understanding between him and any other person or persons, naming such person(s), pursuant to which he was or is to be selected as a director, officer, or nominee.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(H)(2)	Other - requires an action	(H) Directors and executive officers. If action is to be taken with respect to election of directors, furnish the following information, in tabular form to the extent practicable, with respect to each person nominated for election as a director and each person whose term of office will continue after the meeting. However, if the solicitation is made on behalf of persons other than the issuer, the information required need be furnished only as to nominees of the persons making the solicitation. (2) Information furnished in issuer's annual report. The information regarding officers need not be furnished in proxy or information statements provided that such information is furnished in a separate item in the issuer's annual report to stockholders.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(H)(3)	Other - requires an action	(H) Directors and executive officers. If action is to be taken with respect to election of directors, furnish the following information, in tabular form to the extent practicable, with respect to each person nominated for election as a director and each person whose term of office will continue after the meeting. However, if the solicitation is made on behalf of persons other than the issuer, the information required need be furnished only as to nominees of the persons making the solicitation. (3) Family relationships. State the nature of any family relationship not more remote than first cousin between any director, officer, or person nominated or chosen by the issuer to become a director or officer and also any such family relationship between any such person and any officer or director of any of the issuer's parents, subsidiaries or other affiliates.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(H)(4)	Other - requires an action	(H) Directors and executive officers. If action is to be taken with respect to election of directors, furnish the following information, in tabular form to the extent practicable, with respect to each person nominated for election as a director and each person whose term of office will continue after the meeting. However, if the solicitation is made on behalf of persons other than the issuer, the information required need be furnished only as to nominees of the persons making the solicitation. (4) Business experience. State the principal occupations and employment during the past five years of each director or officer and each person nominated or chosen to become a director or officer and the name and principal business of any corporation or other organization in which such occupations and employment were carried on.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(H)(5)	Other - requires an action	(H) Directors and executive officers. If action is to be taken with respect to election of directors, furnish the following information, in tabular form to the extent practicable, with respect to each person nominated for election as a director and each person whose term of office will continue after the meeting. However, if the solicitation is madeon behalf of persons other than the issuer, the information required need be furnished only as to nominees of the persons making the solicitation. (5) Directorships. Indicate other directorships held by each director or person nominated or chosen to become a director.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(H)(6)	Other - requires an action	(H) Directors and executive officers. If action is to be taken with respect to election of directors, furnish the following information, in tabular form to the extent practicable, with respect to each person nominated for election as a director and each person whose term of office will continue after the meeting. However, if the solicitation is made on behalf of persons other than the issuer, the information required need be furnished only as to nominees of the persons making the solicitation. (6) Involvement in certain legal proceedings. Describe any legal proceedings which have occurred during the past five years or which are pending which are material to an evaluation of the ability or integrity of any director, or person nominated to become a director or officer of the issuer.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(H)(7)		(H) Directors and executive officers. If action is to be taken with respect to election of directors, furnish the following information, in tabular form to the extent practicable, with respect to each person nominated for election as a director and each person whose term of office will continue after the meeting. However, if the solicitation is made on behalf of persons other than the issuer, the information required need be furnished only as to nominees of the persons making the solicitation. (7) Describe any of the following relationships which exist. (a) If the nominee or director is, or has within the last two full fiscal years been, an officer, director or employee of, or owns, or has within the last two fiscal years owned, directly or indirectly, in excess of a one per cent equity interest in any firm, corporation or other business or professional entity: (i) Which has made payments to the issuer or its subsidiaries during the issuer's last full fiscal year or which proposes to make payments to the issuer or its subsidiaries during the current fiscal year in excess of one per cent of the issuer's consolidated gross revenues for its last full fiscal year; (ii) To which the issuer or its subsidiaries were indebted at any time during the issuer's last fiscal year in an aggregate amount in excess of one per cent of the issuer's total consolidated assets at the end of such fiscal year; (iii) To which the issuer or its subsidiaries have made payments during such entity's last fiscal year or to which the issuer or its subsidiaries propose to make payments during such entity's current fiscal year in excess of one per cent of such entity's consolidated gross revenues for its last full fiscal	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(H)(8)	Other - requires an action	(H) Directors and executive officers. If action is to be taken with respect to election of directors, furnish the following information, in tabular form to the extent practicable, with respect to each person nominated for election as a director and each person whose term of office will continue after the meeting. However, if the solicitation is made on behalf of persons other than the issuer, the information required need be furnished only as to nominees of the persons making the solicitation. (8) Audit: (a) State whether or not the issuer has standing audit, nominating, and compensation committees of the board of directors, or committees performing similar functions. If the issuer has such committees, however designated, identify each committee member, state the number of committee meetings held by each such committee during the last fiscal year and describe briefly the functions performed by such committees. (b) If the issuer has a nominating or similar committee, state whether the committee will consider nominees recommended by shareholders and, if so, describe the procedures to be followed by shareholders in submitting such recommendations.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(H)(9)	Other - requires an action	(H) Directors and executive officers. If action is to be taken with respect to election of directors, furnish the following information, in tabular form to the extent practicable, with respect to each person nominated for election as a director and each person whose term of office will continue after the meeting. However, if the solicitation is made on behalf of persons other than the issuer, the information required need be furnished only as to nominees of the persons making the solicitation. (9) State the total number of meetings of the board of directors (including regularly scheduled and special meetings) which were held during the last full fiscal year. Name each incumbent director who during the last full fiscal year attended fewer than seventy-five per cent of the aggregate of: (a) The total number of meetings of the board of directors (held during the period for which he has been a director); and (b) The total number of meetings held by all committees of the board on which he served (during the periods that he served).	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(H)(10)	Other - requires an action	(H) Directors and executive officers. If action is to be taken with respect to election of directors, furnish the following information, in tabular form to the extent practicable, with respect to each person nominated for election as a director and each person whose term of office will continue after the meeting. However, if the solicitation is made on behalf of persons other than the issuer, the information required need be furnished only as to nominees of the persons making the solicitation. (10) If a director has resigned or declined to stand for reelection to the board of directors since the date of the last annual meeting of shareholders because of a disagreement with the issuer on any matter relating to the issuer's operations, policies or practices, and if the director has furnished the issuer with a letter describing such disagreement and requesting that the matter be disclosed, the issuer shall state the date of resignation or declination to stand for reelection and summarize the director's description of the disagreement. If the issuer believes that the description provided by the director is incorrect or incomplete, it may include a brief statement presenting its views on the disagreement.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(H)(11)	Other - requires an action	(H) Directors and executive officers. If action is to be taken with respect to election of directors, furnish the following information, in tabular form to the extent practicable, with respect to each person nominated for election as a director and each person whose term of office will continue after the meeting. However, if the solicitation is madeon behalf of persons other than the issuer, the information required need be furnished only as to nominees of the persons making the solicitation. (11) With respect to those classes of voting stock which participated in the election of directors at the most recent meeting at which directors were elected: (a) State the percentage of shares present at the meeting and voting or withholding authority to vote in the election of directors; and (b) Disclose in tabular format, the percentage of total shares cast for and withheld from the vote for or, where applicable, cast against, each nominee, which, respectively, were voted for and withheld from the vote for, or voted against, such nominee. When groups of classes or series of classes votetogether in the election of a director or directors, they shall be treated as a single class for the purpose of the preceding sentence.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(H)(12)	Other - requires an action	(H) Directors and executive officers. If action is to be taken with respect to election of directors, furnish the following information, in tabular form to the extent practicable, with respect to each person nominated for election as a director and each person whose term of office will continue after the meeting. However, if the solicitation is made on behalf of persons other than the issuer, the information required need be furnished only as to nominees of the persons making the solicitation. (12) Instructions: (a) Calculate the percentage of shares present at the meeting and voting or withholding authority to vote in the election of directors, referred to in paragraph (H)(11)(a) of this rule, by dividing the total shares cast for and withheld from the vote for or, where applicable, voted against, the director in respect of whom the highest aggregate number of shares was cast by the total number of shares outstanding which were eligible to vote as of the record date for the meeting. (b) No information need be given in response to paragraph (H)(11) of this rule unless, with respect to any class of voting stock (or group of classes which voted together), five per cent or more of the total shares cast for and withheld from the votes for or, where applicable, cast against any nominee were withheld from the vote for or cast against such nominee. (c) If an issuer elects less than the entire board of directors annually, disclosure is required as to all directors if five per cent or more of the total shares cast for and withheld from the votes for, or, where applicable, cast	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(I)(1)	Other - requires an action	(I) Remuneration of directors and officers. (1) Furnish the following information if action is to be taken with regard to: (a) The election of directors; (b) Any bonus, profit sharing or other remuneration plan, contract, or arrangement in which any director, nominee for election as a director, or officer of the issuer will participate; (c) Any pension or retirement plan in which any such person will participate; or (d) The granting or extension to any such person of any options, warrants or rights to purchase any securities, other than warrants or rights issued to security holders as such, on a pro rata basis. If the solicitation is made on behalf of persons other than the issuer, the information required need be furnished only as to nominees of the person making the solicitation and associates of such nominees.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(I)(2)	Other - requires an action	(I) Remuneration of directors and officers. (2) Current remuneration. Furnish the information required below, in substantially the tabular form set forth in appendix II to this rule, concerning all remuneration of the following persons and groups for services in all capacities to the issuer and its subsidiaries during the issuer's last fiscal year, or, in specified instances, certain prior fiscal years: (a) Five officers or directors. Each of the five most highly compensated officers or directors of the issuer as to whom the total remuneration required to be disclosed in columns C1 and C2 of the table set forth in appendix II to this rule, would exceed fifty thousand dollars, naming each such person; and (b) All officers or directors. All officers and directors of the issuer as a group, stating the number of persons in the group without naming them. (c) Information to be included. Columns C1, C2, and D of the table set forth in appendix II to this rule should contain, with respect to each person or group of persons specified in paragraphs (I)(2)(a) and (I)(2)(b) of this rule, a dollar amount which reflects the total of all items of remuneration described in the heading to that column including, but not necessarily limited to, those items set forth in the subparagraphs of that column. (i) Column C of the table set forth in appendix II to this rule shall include all cash and cash equivalent forms of remuneration received during the fiscal year and all such amounts accrued during the fiscal year which, with reasonable certainty, will be distributed or vested in the future. (ii) Column C1 of the table set forth in appendix II to this	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(I)(3)	Other - requires an action	(3) Proposed remuneration: (a) Briefly describe all remuneration payments proposed to be made in the future, pursuant to any existing plan or arrangement to the persons and groups specified in paragraph (I)(2) of this rule. As to defined benefit or actuarial plans with respect to which amounts are not included in the table set forth in appendix II to this rule, include a separate table showing the estimated annual benefits payable upon retirement to persons in specified remuneration and years-of-service classification.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(I)(4)	Other - requires an action	(4) Remuneration of directors. Describe any standard or special arrangements, stating amounts, by which directors of the issuer are compensated for services as a director.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(I)(5)	Other - requires an action	(5) Options, warrants, or rights: (a) Furnish the information required by the table set forth in appendix III to this rule as to all options to purchase securities from the issuer or its subsidiaries which were granted to or exercised by the persons and groups specified in paragraph (I)(2) of this rule since the beginning of the issuer's last fiscal year, and as to all options held by such persons as of the latest practicable date. (b) The information included in the table set forth in appendix III to this rule will show as to each director and officer and as to all directors and officers as a group: (i) The amount of options granted since the beginning of the issuer's last full fiscal year; (ii) The amount of shares acquired since the date through the exercise of options; (iii) The amount of shares of the same class sold during such period; and (iv) The amount of shares subject to all unexercised options held as of the most recent practicable date. (c) Instructions: (i) All figures should be adjusted, where applicable, in accordance with the terms of the options to reflect stock splits and to give effect to share dividends. (ii) Other tabular presentations are acceptable if they include the necessary data. Tabular presentation may not be needed if only a very few options have been granted. (iii) Total market value: (a) Where the total market value on the granting dates of	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(I)(6)	Other - requires an action	(6) Indebtedness of management. (a) State as to each of the following persons who was indebted to the issuer or its subsidiaries at any time since the beginning of the last fiscal year of the issuer: (i) The largest aggregate amount of indebtedness outstanding at any time during such period; (ii) The nature of the indebtedness outstanding and the transaction in which it was incurred; (iii) The amount thereof outstanding as of the latest practicable date; and (iv) The rate of interest paid or charged thereon: (a) Each director or officer of the issuer; (b) Each nominee for election as a director; and (c) Each associate of any such director, officer or nominee. (b) Paragraph (I)(6) of this rule does not apply to: (i) Any person whose aggregate indebtedness did not exceed ten thousand dollars or one per cent of the issuer's total assets, whichever is less, at any time during the period specified; or (ii) Indebtedness under an insurance policy.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(I)(7)(a)(i), (ii), (iii), (iv) and (I)(7)(b)	Other - requires an action	(7) Transactions with management. (a) Describe briefly any transaction since the beginning of the issuer's last fiscal year or any presently proposed transactions, to which the issuer or any of its subsidiaries was or is to be a party, in which any of the following persons had or is to have a direct or indirect material interest, naming such person and stating his relationship to the issuer, the nature of his interest in the transaction and, where practicable, the amount of such interest: (i) Any director or officer of the issuer; (ii) Any nominee for election as a director; (iii) Any security holder who is known to the issuer to own of record of beneficially more than ten per cent of any class of the issuer's voting securities; and (iv) Any relative or spouse of any of the foregoing persons, or any relative of such spouse, who has the same home as such person or who is a director or officer of any parent or subsidiary of the issuer. (b) Also, describe briefly any material legal proceedings to which any such person is a party adverse to the issuer or any of its subsidiaries or has a material interest adverse to the issuer or any of its subsidiaries. (c) No information need be given in response to paragraph (I)(7) of this rule as to any remuneration or other transaction reported in response to paragraph (I)(2), (I)(3), (I)(4), (I)(5) or (I)(6) of this rule, or as to any transaction with respect to which information may be omitted pursuant to these items. (d) No information need be given in answer to paragraph (I)(7) of this rule as to any transaction	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(I)(7)(f)(i), (ii)	Other - requires an action	(7) Transactions with management. (a) Describe briefly any transaction since the beginning of the issuer's last fiscal year or any presently proposed transactions, to which the issuer or any of its subsidiaries was or is to be a party, in which any of the following persons had or is to have a direct or indirect material interest, naming such person and stating his relationship to the issuer, the nature of his interest in the transaction and, where practicable, the amount of such interest: (i) Any director or officer of the issuer; (ii) Any nominee for election as a director; (iii) Any security holder who is known to the issuer to own of record of beneficially more than ten per cent of any class of the issuer's voting securities; and (iv) Any relative or spouse of any of the foregoing persons, or any relative of such spouse, who has the same home as such person or who is a director or officer of any parent or subsidiary of the issuer. (b) Also, describe briefly any material legal proceedings to which any such person is a party adverse to the issuer or any of its subsidiaries or has a material interest adverse to the issuer or any of its subsidiaries. (c) No information need be given in response to paragraph (I)(7) of this rule as to any remuneration or other transaction reported in response to paragraph (I)(2), (I)(3), (I)(4), (I)(5) or (I)(6) of this rule, or as to any transaction with respect to which information may be omitted pursuant to these items. (d) No information need be given in answer to paragraph (I)(7) of this rule as to any transaction	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(I)(8)(a)	Other - requires an action	(8) Transactions with pension or similar plans: (a) Describe briefly any transactions since the beginning of the issuer's last fiscal year, or any presently proposed transactions, to which any pension, retirement, savings or similar plan provided by the issuer, or any of its parents or subsidiaries was or is to be a party, in which any of the persons specified in paragraph (I)(7) of this rule or the issuer or any of its subsidiaries had or is to have a direct or indirect material interest, naming such person and stating his relationship to the issuer, the nature of his interest in the transaction and, where practicable, the amount of such interest. (b) No information need be given in answer to paragraph (I)(8) of this rule with respect to: (i) Payments to the plan, or payments to beneficiaries, pursuant to the terms of the plan; (ii) Payment of remuneration for services not in excess of five per cent of the aggregate remuneration received by the specified person during the issuer's last fiscal year from the issuer and its subsidiaries; or (iii) Any interest of the issuer or any of its subsidiaries which arises solely from its general interest in the success of the plan. (c) Instructions: (i) Paragraph (I)(7)(c) of this rule shall apply to paragraph (I)(8) of this rule. (ii) Without limiting the general meaning of the term "transaction," there shall be included in answer to this item	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(I)(8)(c)	Other - requires an action	(8) Transactions with pension or similar plans: (a) Describe briefly any transactions since the beginning of the issuer's last fiscal year, or any presently proposed transactions, to which any pension, retirement, savings or similar plan provided by the issuer, or any of its parents or subsidiaries was or is to be a party, in which any of the persons specified in paragraph (I)(7) of this rule or the issuer or any of its subsidiaries had or is to have a direct or indirect material interest, naming such person and stating his relationship to the issuer, the nature of his interest in the transaction and, where practicable, the amount of such interest. (b) No information need be given in answer to paragraph (I)(8) of this rule with respect to: (i) Payments to the plan, or payments to beneficiaries, pursuant to the terms of the plan; (ii) Payment of remuneration for services not in excess of five per cent of the aggregate remuneration received by the specified person during the issuer's last fiscal year from the issuer and its subsidiaries; or (iii) Any interest of the issuer or any of its subsidiaries which arises solely from its general interest in the success of the plan. (c) Instructions: (i) Paragraph (I)(7)(c) of this rule shall apply to paragraph (I)(8) of this rule. (ii) Without limiting the general meaning of the term "transaction," there shall be included in answer to this item	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(J)(1) through (4)	Other - requires an action	(J) Matters related to accounting. If the solicitation is made on behalf of the issuer and relates to an annual meeting of security holders at which directors are to be elected, or financial statements are included, furnish the following information: (1) If the issuer's financial statements are not certified by independent public or certified accountants, so state. (2) If the board of directors has no audit or similar committee, so state. (3) If the issuer's financial statements are certified by independent public or certified accountants, so state and provide the following information: (a) The name of the principal accountant selected or being recommended to shareholders for election, approval or ratification for the current year. If no accountant has been elected or recommended, so state and briefly describe the reason therefor. (b) The name of the principal accountant for the fiscal year most recently completed if different from the accountant selected or recommended for the current year or if no accountant has been elected or recommended for the current year. (c) If a change or changes in accountants have taken place since the date of the proxy statement for the most recent annual meeting of shareholders, so state, and if in connection with such change(s) a material disagreement in connection with financial disclosure between the accountant and issuer has occurred, the disagreement shall be described. Prior to filing	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(J)(5)	Other - requires an action	(J) Matters related to accounting. If the solicitation is made on behalf of the issuer and relates to an annual meeting of security holders at which directors are to be elected, or financial statements are included, furnish the following information: (1) If the issuer's financial statements are not certified by independent public or certified accountants, so state. (2) If the board of directors has no audit or similar committee, so state. (3) If the issuer's financial statements are certified by independent public or certified accountants, so state and provide the following information: (a) The name of the principal accountant selected or being recommended to shareholders for election, approval or ratification for the current year. If no accountant has been elected or recommended, so state and briefly describe the reason therefor. (b) The name of the principal accountant for the fiscal year most recently completed if different from the accountant selected or recommended for the current year or if no accountant has been elected or recommended for the current year. (c) If a change or changes in accountants have taken place since the date of the proxy statement for the most recent annual meeting of shareholders, so state, and if in connection with such change(s) a material disagreement in connection with financial disclosure between the accountant and issuer has occurred, the disagreement shall be described. Prior to filing	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(K)(1) through (5)	Other - requires an action	(K) Bonus, profit sharing and other remuneration plans; pension and retirement plans. If action is to be taken with respect to any bonus, profit sharing or other remuneration plan or any pension or retirement plan, furnish the following information: (1) Describe briefly the material features of the plan, identify each class of persons who will participate therein, indicate the approximate number of persons in each such class and state the basis of such participation. (2) Furnish such information, in addition to that required by paragraphs (I) and (K) of this rule, as may be necessary to describe adequately the provisions already made pursuant to all bonus, profit sharing, pension, retirement, stock option, stock purchase, deferred compensation, or other remuneration or incentive plans, now in effect or in effect within the past five years, for: (a) Each director or officer named in answer to paragraph (I)(2) of this rule who may participate in the plan to be acted upon; (b) All present directors and officers of the issuer as a group, if any director or officer may participate in the plan; and (c) All employees, if employees may participate in the plan. (3) If the plan to be acted upon can be amended otherwise than by a vote of stockholders, to increase the cost thereof to the issuer or to alter the allocation of the benefits as between the directors and officers on the one hand and employees on the other, state the nature of the amendments which can be so made. (4) With regard to any bonus, profit sharing or other	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(K)(6)	Other - requires an action	(K) Bonus, profit sharing and other remuneration plans; pension and retirement plans. If action is to be taken with respect to any bonus, profit sharing or other remuneration plan or any pension or retirement plan, furnish the following information: (1) Describe briefly the material features of the plan, identify each class of persons who will participate therein, indicate the approximate number of persons in each such class and state the basis of such participation. (2) Furnish such information, in addition to that required by paragraphs (I) and (K) of this rule, as may be necessary to describe adequately the provisions already made pursuant to all bonus, profit sharing, pension, retirement, stock option, stock purchase, deferred compensation, or other remuneration or incentive plans, now in effect or in effect within the past five years, for: (a) Each director or officer named in answer to paragraph (I)(2) of this rule who may participate in the plan to be acted upon; (b) All present directors and officers of the issuer as a group, if any director or officer may participate in the plan; and (c) All employees, if employees may participate in the plan. (3) If the plan to be acted upon can be amended otherwise than by a vote of stockholders, to increase the cost thereof to the issuer or to alter the allocation of the benefits as between the directors and officers on the one hand and employees on the other, state the nature of the amendments which can be so made. (4) With regard to any bonus, profit sharing or other	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(L)(1) through (5)	Other - requires an action	(L) Options, warrants, or rights. If action is to be taken with respect to the granting or extension of any options to purchase securities of the issuer or any subsidiary, furnish the following information: (1) The title and amount of securities called for or to be called for by such options; (2) The prices, expiration dates and other material conditions upon which the options may be exercised; (3) The consideration received or to be received by the issuer or subsidiary for the granting or extension of the options; (4) The market value of the securities called for or to be called for by the options as of the latest practicable date; and (5) In the case of options, the federal income tax consequences of the issuance and exercise of such option to the recipient and to the issuer.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(L)(6)	Other - requires an action	(L) Options, warrants, or rights. If action is to be taken with respect to the granting or extension of any options to purchase securities of the issuer or any subsidiary, furnish the following information: (6) State separately the amount of options received or to be received by the following persons, naming each such person: (a) Each director and officer named in answer to paragraph (I)(2) of this rule; (b) Each nominee for election as a director of the issuer; (c) Each associate of such directors, officers, or nominees; and (d) Each other person who received or is to receive ten per cent or more of such options. State, also, the total amount of such options received or to be received by all directors and officers of the issuer as a group, without naming them.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(L)(7)	Other - requires an action	(L) Options, warrants, or rights. If action is to be taken with respect to the granting or extension of any options to purchase securities of the issuer or any subsidiary, furnish the following information: (7) Furnish such information, in addition to that required by paragraphs (I) and (L) of this rule as may be necessary to describe adequately the provisions already made pursuant to all bonus, profit sharing, pension, retirement, stock option, stock purchase, deferred compensation, or other remuneration or incentive plans, now in effect or in effect within the past five years, for: (a) Each director or officer named in answer to paragraph (I)(2) of this rule who may participate in the plan to be acted upon; (b) All present directors and officers for the issuer as a group, if any director or officer may participate in the plan; and (c) All employees, if employees may participate in the plan.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(L)(8)	Other - requires an action	(L) Options, warrants, or rights. If action is to be taken with respect to the granting or extension of any options to purchase securities of the issuer or any subsidiary, furnish the following information: (8) Instructions: (a) For the purpose of paragraph (L) of this rule, the term "option" includes any option, warrant or right. (b) Paragraphs (L)(2) and (L)(3) of this rule do not apply to warrants or rights to be issued to security holders as such on a pro rata basis. (c) Paragraph (K)(6)(b) of this rule shall also apply to paragraph(L)(3) of this rule. (d) If the options described in answer to paragraph (K) of this rule are issued pursuant to a plan which is set forth in a written document, three copies thereof shall be filed with the superintendent of insurance at the time preliminary copies of the proxy statement and form of proxy are filed.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(M)	Other - requires an action	(M) Authorization or issuance of securities otherwise than for exchange. If action is to be taken with respect to the authorization or issuance of any securities otherwise than for exchange for outstanding securities of the issuer, furnish the following information: (1) State the title and amount of securities to be authorized or issued. (2) If the securities are other than additional shares of common stock of a class outstanding, furnish a brief summary of the following, if applicable: dividend, voting, liquidation, preemptive, and conversion rights, redemption and sinking fund provisions, interest rate and date of maturity. (3) Describe briefly the transaction in which the securities are to be issued, including a statement as to: (a) The nature and approximate amount of consideration received or to be received by the issuer; and (b) The approximate amount devoted to each purpose, as far as is determinable, for which the net proceeds have been or are to be used. If it is impracticable to describe the transaction in which the securities are to be issued, state the reason, indicate the purpose of the authorization of the securities, and state whether further authorization for the issuance of the securities by a vote of security holders will be solicited prior to such issuance. (4) If the securities are to be issued otherwise than in a general public offering for cash, state the reasons for the proposed authorization or issuance and the general effect	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(N)	Other - requires an action	(N) Modification or exchange of securities. If action is to be taken with respect to the modification of any class of securities of the issuer, or the issuance or authorization for issuance of securities of the issuer in exchange for outstanding securities of the issuer, furnish the following information: (1) If the outstanding securities are to be modified, state the title and amount thereof. If securities are to be issued in exchange for outstanding securities, state the title and amount of securities to be so issued, the title and amount of outstanding securities to be exchanged therefor and the basis of the exchange. (2) Describe any material differences between the outstanding securities and the modified or new securities. (3) State the reasons for the proposed modification or exchange and the general effect thereof upon the rights of existing security holders. (4) Furnish a brief statement as to arrears in dividends or as to defaults in principal or interest with respect to the outstanding securities which are to be modified or exchanged and such other information as may be appropriate in the particular case to disclose adequately the nature and effect of the proposed action. (5) Outline briefly any other material features of the proposed modification or exchange. If the plan of proposed action is set forth in a written document, file copies thereof with the superintendent of insurance at the time the preliminary proxy material is filed.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2--13	(O)(1)	Other - requires an action	(O) Mergers, consolidations, acquisitions and similar matters. (1) Furnish the following information if action is to be taken with respect to any plan for: (a) The merger or consolidation of the issuer; (b) The acquisition by the issuer or any of its security holders of securities of another person; (c) The acquisition by the issuer of any other going business or of the assets thereof; (d) The sale or other transfer of all or any substantial part of the assets of the issuer; or (e) The liquidation or dissolution of the issuer.	3901.041, 3901.31	Yes, state law	Yes, state law
	(O)(2)	Other - requires an action	(O) Mergers, consolidations, acquisitions and similar matters. (2) Outline briefly the material features of the plan. State the reasons therefor and the general effect thereof upon the rights of existing security holders. If the plan is set forth in a written document, file three copies thereof with the superintendent of insurance at the time preliminary copies of the proxy statement and form of proxy are filed.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(O)(3)	Other - requires an action	(O) Mergers, consolidations, acquisitions and similar matters. (3) Furnish the following information as to the issuer and each person which is to be merged into the issuer or into or with which the issuer is to be merged or consolidated or the business or assets of which are to be acquired or which is the issuer of securities to be acquired by the issuer in exchange for all or a substantial part of its assets or to be acquired by security holders of the issuer. What is required is information essential to an investor's appraisal of the action proposed to be taken. (a) Describe briefly the business of such person. (b) State the location and describe the general character of the plants and other important physical properties of such person. The description is to be given from an economic and business standpoint, as distinguished from a legal standpoint. Portfolio or investment assets of an issuer need not be disclosed. (c) Furnish a brief statement as to dividends in arrears or defaults in principal or interest in respect of any securities of the issuer or of such person, and as to the effect of the plan thereon and such other information as may be appropriate in the particular case to disclose adequately the nature and effect of the proposed action. (d) Furnish a tabulation in columnar form showing the existing and the pro forma capitalization. (e) Furnish in columnar form for each of the last five fiscal years an historical summary of earnings and show per-share amounts of net earnings, dividends declared for each year and book value per share at the end of the latest period. (f) Furnish in columnar form for each of the last five fiscal	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(O)(4)	Shall Not	(O) Mergers, consolidations, acquisitions and similar matters. (4) Instructions: Paragraphs (O)(2) and (O)(3) of this rule shall not apply if the plan described in answer to paragraph (O)(1) of this rule involves only the issuer and one or more of its totally held subsidiaries. As to each class of securities of the issuer, or of any person specified in paragraph (O)(2) of this rule, which is admitted to dealing on a national securities exchange or with respect to which a market otherwise exists, and which will be materially affected by the plan, state the high and low sale prices (or, in the absence of trading in a particular period, the range of the bid and asked prices) for each quarterly period within two years. This information may be omitted if the plan involves merely the liquidation or dissolution of the issuer.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(P)(1)	Shall	(P) Financial statements. (1) If action is to be taken with respect to any matter specified in paragraph (M), (N) or (O) of this rule, financial statements of the issuer and its subsidiaries complying with the requirements of paragraphs (B)(1), (B)(2), and (B)(3) of rule 3901-2-04 of the Administrative Code shall be furnished, including schedules of supplementary profit and loss information. Such statements may be omitted with respect to a plan described in answer to paragraph (O) of this rule if the plan involves only the issuer and one or more of its totally held subsidiaries.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(P)(2)	Other - requires an action	(P) Financial statements. (2) If action is to be taken with respect to any matter specified in paragraph (O) of this rule, furnish for each person specified therein, other than the issuer, financial statements complying with the requirements of paragraphs (B)(1), (B)(2), and (B)(3) of rule 3901-2-04 of the Administrative Code.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(P)(3)	Other - requires an action	(P) Financial statements. (3) The superintendent of insurance may, upon the request of the issuer, permit the omission of any of the statements herein required where such statements are not necessary for the exercise of prudent judgment in regard to any matter to be acted upon, or may permit the filing in substitution therefor of appropriate statements of comparable character. The superintendent of insurance may also require the filing of other statements in addition to, or in substitution for, the statements herein required in any case where such statements are necessary or appropriate for an adequate presentation of the financial condition of any person whose financial statements are required, or whose statements are otherwise material for the exercise of prudent judgment in regard to any matter to be acted upon. In the usual case, financial statements are deemed material to the exercise of prudent judgment where the matter to be acted upon is authorization or issuance of a material amount of senior securities, but are not deemed material where the matter to be acted upon is the authorization or issuance of common stock, otherwise than in an exchange, merger or consolidation, acquisition or similar transaction.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(P)(4)	Other - requires an action	(P) Financial statements. (4) The proxy statement may incorporate by reference any financial statements contained in an annual report sent to security holders with respect to the same meeting as that to which the proxy statement relates, provided such financial statements substantially meet the requirements of this item.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(Q)	Other - requires an action	(Q) Acquisition or disposition of property. If action is to be taken with respect to the acquisition or disposition of any property, furnish the following information: (1) Describe briefly the general character and location of the property. (2) State the nature and amount of consideration to be paid or received by the issuer or any subsidiary. To the extent practicable, outline briefly the facts bearing upon the question of the fairness of the consideration. (3) State the name and address of the transferor or transferee as the case may be, and the nature of any material relationship of such person to the issuer or an affiliate of the issuer. (4) Outline briefly any other material features of the contract or transaction.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(R)	Other - requires an action	(R) Restatement of accounts. If action is to be taken with respect to the restatement of any asset, capital, or surplus account of the issuer, furnish the following information: (1) State the nature of the restatement and the date as of which it is to be effective. (2) Outline briefly the reasons for the restatement and for the selection of the particular effective date. (3) State the name and amount of each account (including any reserve accounts) affected by the restatement and the effect of the restatement thereon. Tabular presentation of the amounts shall be made when appropriate, particularly in the case of recapitalization. (4) To the extent practicable, state whether and the extent, if any, to which the restatement will, as of the date thereof, alter the amount available for distribution to the holders of equity securities.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(S)	Other - requires an action	(S) Action with respect to reports. If action is to be taken with respect to any report of the issuer or of its directors, officers or committees or any minutes of meetings of its stockholders, furnish the following information: (1) State whether or not such action is to constitute approval or disapproval of any of the matters referred to in such reports or minutes. (2) Identify each of such matters which it is intended will be approved or disapproved and furnish the information required by the appropriate item or items of this schedule with respect to each such matter.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(T)	Other - requires an action	(T) Matters not required to be submitted. If action is to be taken with respect to any matter which is not required to be submitted to a vote of security holders, state the nature of such matter, the reason for submitting it to a vote of security holders and what action is intended to be taken by the management in the event of a negative vote on the matter by the security holders.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(U)(1)	Other - requires an action	(U) Amendment of charter, bylaws or other documents. (1) If action is to be taken with respect to any amendment of the issuer's charter, bylaws or other documents as to which information is not required by this rule, state briefly the reasons for and general effect of such amendment. (2) Instruction. Where the matter to be acted upon is the classification of directors, state whether vacancies which occur during the year may be filled by the board of directors to serve only until the next annual meeting or may be so filled for the remainder of the full term.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(U)(2)	Other - requires an action	(U) Amendment of charter, bylaws or other documents. (1) If action is to be taken with respect to any amendment of the issuer's charter, bylaws or other documents as to which information is not required by this rule, state briefly the reasons for and general effect of such amendment. (2) Instruction. Where the matter to be acted upon is the classification of directors, state whether vacancies which occur during the year may be filled by the board of directors to serve only until the next annual meeting or may be so filled for the remainder of the full term.	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	(V)	Other - requires an action	(V) Other proposed action. If action is to be taken with respect to any matter not specifically referred to in this rule, describe briefly the substance of each such matter in substantially the same degree of detail as is required by paragraphs (G) to (U) of this rule.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(W)	Other - requires an action	(W) Vote required for approval. As to each matter which is to be submitted to a vote of security holders, other than election to office or the selection or approval of auditors, state the vote required for its approval.	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	(X)	Shall Not	(X) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms or provisions shall be and continue in full force and effect.	3901.041, 3901.31		
3901-2-13	Appendix I	Other - requires an action	http://codes.ohio.gov/pdf/oh/admin/2019/3901-2-13_PH_FF_A_APP1_20141031_1143.pdf	3901.041, 3901.31	Yes, state law	Yes, state law

3901-2-13	Appendix II	Other - requires an action	http://codes.ohio.gov/pdf/oh/admin/2019/3901-2-13_PH_FF_A_APP2_20141031_1143.pdf	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-13	Appendix III	Other - requires an action	http://codes.ohio.gov/pdf/oh/admin/2019/3901-2-13_PH_FF_A_APP3_20141031_1143.pdf	3901.041, 3901.31	Yes, state law	Yes, state law
3901-2-14	3901-2-14 (A)	Other - requires an action	(A) Issuer State the name and address of the issuer.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-14	3901-2-14 (B)(1)	Other - requires an action	(B) Identity and background (1) State the following: (a) Your name and business address. (b) Your present principal occupation or employment and the name, principal business and address of any corporation or other organization in which such employment is carried on. (c) Your residence address. (d) Information as to all material occupations, positions, offices or employment during the last ten years, giving starting and ending dates of each and the name, principal business and address of any business corporation or other business organization in which each such occupation, position, office or employment was carried on.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law

3901-2-14	3901-2-14 (B) (2)	Other - requires an action	State whether or not you are or have been a participant in any other proxy contest involving this company or other companies within the past ten years. If so, identify the principals, the subject matter and your relationship to the parties and the outcome.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-14	3901-2-14 (B) (3)	Other - requires an action	State whether or not, during the past ten years, you have been convicted in a criminal proceeding (excluding traffic violations or similar misdemeanors) and, if so, give dates, nature of conviction, name and location of court, and penalty imposed or other disposition of the case. A negative answer to this paragraph need not be included in the proxy statement or other proxy soliciting material.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-14	3901-2-14 (C) (1)	Other - requires an action	State the amount of each class of securities of the issuer which you own beneficially, directly or indirectly.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-14	3901-2-14 (C) (2)	Other - requires an action	State the amount of each class of securities of the issuer which you own of record but not beneficially.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	
3901-2-14	3901-2-14 (C) (3)	Other - requires an action	State with respect to all securities of the issuer purchased or sold within the past two years, the dates on which they were purchased or sold and the amount purchased or sold on each such date.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-14	3901-2-14 (C) (4)	Other - requires an action	If any part of the purchase price or market value of any of the securities specified in paragraph (C) of this rule is represented by funds borrowed or otherwise obtained for the purpose of acquiring or holding such securities, so state and indicate the amount of the indebtedness as of the latest practicable date. If such funds were borrowed or obtained otherwise than pursuant to a margin account or bank loan in the regular course of business of a bank, broker or dealer, briefly describe the transaction, and state the names of the parties.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law

3901-2-14	3901-2-14 (C) (5)	Other - requires an action	State whether or not you are a party to any contracts, arrangements or understandings with any person with respect to any securities of the issuer including but not limited to joint ventures, loan or option arrangements, puts or calls, guarantees against losses or guarantees of profits, divisions of losses or profits, or the giving or withholding of proxies. If so, name the persons with whom such contracts, arrangements, or understandings exist and give the details thereof.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	
3901-2-14	3901-2-14 (C) (5)	Other - requires an action	State whether or not you are a party to any contracts, arrangements or understandings with any person with respect to any securities of the issuer including but not limited to joint ventures, loan or option arrangements, puts or calls, guarantees against losses or guarantees of profits, divisions of losses or profits, or the giving or withholding of proxies. If so, name the persons with whom such contracts, arrangements, or understandings exist and give the details thereof.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-14	3901-2-14 (C) (6)	Other - requires an action	State the amount of securities of the issuer owned beneficially directly or indirectly, by each of your associates and the name and address of each such associate.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-14	3901-2-14 (C) (7)	Other - requires an action	State the amount of each class of securities of any parent, subsidiary or affiliate of the issuer which you own beneficially, directly or indirectly.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-14	3901-2-14 (D) (1)	Other - requires an action	Describe the time and circumstances under which you became a participant in the solicitation and state the nature and extent of your activities or proposed activities as a participant.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-14	3901-2-14 (D) (2)	Other - requires an action	Describe briefly, and where practicable state the approximate amount of, any material interest, direct or indirect, of yourself and each of your associates in any material transactions since the beginning of the company's last fiscal year, or in any material proposed transactions, to which the company or any of its subsidiaries or affiliates was or is to be a party.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law

3901-2-14	3901-2-14 (D) (3)	Other - requires an action	State whether or not you or any of your associates have any arrangement or understanding with any person: (a) With respect to any future employment by the issuer or its subsidiaries or affiliates; or (b) With respect to any future transactions to which the issuer or any of its subsidiaries or affiliates will or may be a party; and (c) If so, describe such arrangement or understanding and state the names of the parties thereto.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-14	3901-2-14 (E)	Shall	The statement shall be dated and signed in the following manner: "I certify that the statements made in this statement are true, complete, and correct, to the best of my knowledge and belief. _____ _____" (Date) (Signature of participant or authorized representative)	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-15	3901-2-15 (A)	Must	The purpose of this rule is to describe the information that must be included in an information statement when there is no proxy sought.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-15	3901-2-15 (D)	Other - requires an action	(D) Information required by rule 3901-2-13 of the Administrative Code. Furnish the information called for by rule 3901-2-13 of the Administrative Code regarding proxies, consents and authorizations (other than paragraphs (C), (E) and (F) of this rule) which would be applicable to any matter to be acted upon at the meeting if proxies were to be solicited in connection with the meeting.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-15	3901-2-15 (E)	Shall	(E) Statement that proxies are not solicited The following statement shall be set forth on the first page of the information statement in bold face type: "WE ARE NOT ASKING YOU FOR A PROXY AND YOU ARE REQUESTED NOT TO SEND US A PROXY."	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-15	3901-2-15 (F)	Other - requires an action	(F) Date, time and place of meeting State the date, time and place of the meeting of security holders, unless such information is otherwise disclosed in material furnished to security holders with the information statement.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law

3901-2-15	3901-02-15 (G)	Other - requires an action	(G) Interest of certain persons in matters to be acted upon Describe briefly any substantial interest, direct or indirect, by security holdings or otherwise, by each of the following persons in any matter to be acted upon, other than elections to office: (1) Each person who has been a director or officer of the issuer at any time since the beginning of the last fiscal year. (2) Each nominee for election as a director of the issuer. (3) Each associate of the foregoing persons. (4) Give the name of any director of the issuer who has informed the management in writing that he intends to oppose any action to be taken by the management at the meeting and indicate the action which he intends to oppose.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-15	3901-2-15 (G)	Other - requires an action	(G) Interest of certain persons in matters to be acted upon Describe briefly any substantial interest, direct or indirect, by security holdings or otherwise, by each of the following persons in any matter to be acted upon, other than elections to office: (1) Each person who has been a director or officer of the issuer at any time since the beginning of the last fiscal year. (2) Each nominee for election as a director of the issuer. (3) Each associate of the foregoing persons. (4) Give the name of any director of the issuer who has informed the management in writing that he intends to oppose any action to be taken by the management at the meeting and indicate the action which he intends to oppose.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-15	3901-2-15 (G)	Other - requires an action	(G) Interest of certain persons in matters to be acted upon Describe briefly any substantial interest, direct or indirect, by security holdings or otherwise, by each of the following persons in any matter to be acted upon, other than elections to office: (1) Each person who has been a director or officer of the issuer at any time since the beginning of the last fiscal year. (2) Each nominee for election as a director of the issuer. (3) Each associate of the foregoing persons. (4) Give the name of any director of the issuer who has informed the management in writing that he intends to oppose any action to be taken by the management at the meeting and indicate the action which he intends to oppose.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-02-15	3901-2-15 (G)	Other - requires an action	(G) Interest of certain persons in matters to be acted upon Describe briefly any substantial interest, direct or indirect, by security holdings or otherwise, by each of the following persons in any matter to be acted upon, other than elections to office: (1) Each person who has been a director or officer of the issuer at any time since the beginning of the last fiscal year. (2) Each nominee for election as a director of the issuer. (3) Each associate of the foregoing persons. (4) Give the name of any director of the issuer who has informed the management in writing that he intends to oppose any action to be taken by the management at the meeting and indicate the action which he intends to oppose.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law

3901-2-15	3901-02-15 (H)	Other - requires an action	(H) If any security holder entitled to vote at the meeting has, not less than ninety days before the issuer's annual meeting, submitted to the issuer a proposal which is accompanied by notice of his intention to present the proposal for action at the meeting, make a statement to that effect, identify the proposal and indicate the disposition proposed to be made of the proposal by the management at the meeting.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	Yes, state law	Yes, state law
3901-2-15	3901-2-15 (I)	Shall	(I) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms or provisions shall be and continue in full force and effect.	Statutory Authority: 3901.041 Rule Amplifies: 3901.31	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (C)	Shall	In addition to the information expressly required to be included in form A, there shall be added such further material information, if any, as may be necessary to make the information contained therein not misleading. The superintendent reserves the right to request other information or documentation that in the superintendent's sole discretion is deemed necessary or appropriate for the protection of policyholders of the domestic insurer or in the public interest.	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (D)	Shall	Applicants may file supplemental exhibits as desired in addition to those expressly required by form A. Exhibits shall clearly indicate the subject matter to which they refer.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (E)	Shall	Applicants shall promptly advise the superintendent of any changes in the information furnished on form A arising subsequent to the date upon which the information was furnished.	3901.041, 3901.321	Yes, state law	Yes, state law

3901-3-01	3901-3-01 (G)	Other - requires an action	(G) General requirements Applicants must file the information statement in the exact form as set forth in paragraph (H) of this rule. The statement shall contain the numbers and captions of all items. If the answer to any item is in the negative, an appropriate statement to that effect shall be made. Two copies of the information statement, including exhibits and all other papers or documents filed as a part thereof, shall be filed with the superintendent. At least one copy of each statement shall be manually signed in the manner prescribed. The unsigned copy shall be conformed. The unsigned copy is to be submitted in electronic form prescribed by the superintendent. Copies of form A, exhibits and all other papers or documents filed as a part thereof shall be clear, easily readable and in the English language with monetary values stated in United States currency. If any exhibit, paper or document filed is in a foreign language it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency shall be converted into United States currency.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (H)	Other - requires an action	(H) Information to be included in form A. (A sample of the form is included)	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (H) (Item 1)	Other - requires an action	Item 1. Insurer and method of acquisition State the name and address of the domestic insurer to which this application relates and a brief description of how control is to be acquired.	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (H) (Item 2) (A)	Other - requires an action	Item 2. Identity and background of the applicant (A) State the name and address of the applicant seeking to acquire control of the insurer.	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (H) (Item 2) (B)	Other - requires an action	(B) If the applicant is not an individual, state the nature of its business operations for the past five years or for such lesser period as such person and any predecessors thereof shall have been in existence. Briefly describe the business intended to be done by the applicant and the applicant's subsidiaries.	3901.041, 3901.321	Yes, state law	Yes, state law

3901-3-01	3901-3-01 (H) (Item 2) (C)	Other - requires an action	(C) Furnish a chart or listing clearly presenting the identities of and inter-relationships among the applicant and all affiliates of the applicant. Indicate in such chart or listing the percentage of voting securities of each such person which is owned or controlled by the applicant or by any other such person. If control of any person is maintained other than by the ownership or control of voting securities, indicate the basis of such control. As to each person specified in such chart or listing indicate the type of organization (e.g., corporation, trust, partnership) and the state or other jurisdiction of domicile. If court proceedings involving a reorganization or liquidation are pending with respect to any such person, indicate which person, and set forth the title of the court, nature of proceedings and the date when commenced.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (H) (Item 3) (1)	Other - requires an action	Item 3. Identity and background of individuals associated with the applicant (1) Identify the applicant if (s)he is an individual or, if the applicant is not an individual, all persons who are directors, executive officers or owners of ten percent or more of the voting securities of the applicant.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (H) (Item 3) (2)	Shall	(2) Each individual applicant or all persons who are directors, executive officers or owners of ten percent or more of the voting securities of the applicant shall complete a biographical affidavit and authority for release of information that is prescribed for such use by the superintendent.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (H) (Item 4) (A)	Other - requires an action	Item 4. Nature, source and amount of consideration (A) Describe the nature, source and amount of funds or other consideration used or to be used in effecting the proposed transaction. If any part of the consideration is or is to be borrowed or otherwise obtained for the purpose of acquiring, holding or trading securities, furnish a description of the transaction, the names of the parties thereto, the relationship, if any (whether direct or indirect), between the borrower and the lender, the amounts borrowed or to be borrowed, and copies of all agreements, understanding, promissory notes and security arrangements relating thereto. If the stock or any asset of the domestic insurer is to be pledged or hypothecated in any way, so describe and provide a copy of the agreement or arrangement.	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (H) (Item 4) (B)	Other - requires an action	(B) Explain the criteria used in determining the nature and amount of such consideration.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (H) (Item 5) (1)	Other - requires an action	Item 5. Future plans of insurer (1) Describe any contemplated or actual plans or proposals which the applicant may have to: cause the insurer to declare dividends, liquidate or dissolve the insurer, sell any asset of the insurer, enter into any rental, leasing, service or financial, or other arrangements with the insurer, or merge/reorganize the insurer with any person or persons. Provide terms and conditions of all applicable arrangements to the transaction.	3901.041, 3901.321	Yes, state law	Yes, state law

3901-3-01	3901-3-01 (H) (Item 5) (2)	Other - requires an action	(2) Provide a plan of operation for the domestic insurer for three years following consummation of the proposed transaction including: type of business to be written, amount of anticipated premiums, investment policy, marketing plans, relocation of home office or of corporate records and changes in reinsurance or reinsurers.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (H) (Item 5) (3)	Other - requires an action	(3) Describe all changes planned to be made after consummation of the proposed transaction concerning the board of directors or executive officers of the domestic insurer and those of the organization which will succeed the latter as a result of the proposed transaction. Describe the nature, extent and amount of any commitments to or agreements or understandings with the present officers and directors of the domestic insurer. Attach copies of all contemplated or actual contracts, commitments, agreements or understandings for: employment, consultation, advice, management or services.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (H) (Item 5) (4)	Other - requires an action	(4) Provide pro forma balance sheets and income statements of the insurer prepared in accordance with statutory accounting principles, for three years following consummation of the proposed transaction. If any part of the consideration for the proposed transaction involves borrowed funds, describe debt service in detail. If any part of the consideration is to be obtained from or financed by an affiliate of the applicant, identify the source of funds and describe the method of distribution.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (H) (Item 5) (5) (a - c)	Other - requires an action	(5) If the insurer will be a member of an insurance holding company system following consummation of the proposed transaction, provide the following: (a) A pro forma balance sheet and income statement showing the effect of the proposed transaction, prepared on a consolidated and applicant-only basis. (b) If the applicant is an insurer actively engaged in the business of insurance, the statements shall be prepared in accordance with statutory accounting principles. (c) If the applicant is not an insurer actively engaged in the business of insurance, the statements shall be prepared in accordance with generally accepted accounting principles.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (H) (Item 5) (6)	Other - requires an action	(6) State the amount of premiums written by the domestic insurer and all affiliates for each line of business transacted in Ohio, as of the thirty-first day of December next preceding. State the amount of premiums written by the applicant and all affiliates for each line of business transacted in Ohio, as of the thirty-first day of December next preceding.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (H) (Item 6)	Other - requires an action	Item 6. Voting securities to be acquired State the number of shares of the insurer's voting securities which the applicant, its affiliates and any person listed in item 3, plans to acquire. Describe the terms of the offer, request, invitation, agreement or acquisition. State the method used to determine the fairness of the proposal.	3901.041, 3901.321	Yes, state law	Yes, state law

3901-3-01	3901-3-01 (H) (Item 7)	Other - requires an action	Item 7. Ownership of voting securities State the amount of each class of any voting security of the insurer which is beneficially owned or concerning which there is a right to acquire beneficial ownership by the applicant, its affiliates or any person listed in item 3.	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (H) (Item 8)	Other - requires an action	Item 8. Contracts, arrangements, or understandings with respect to voting securities of the insurer Fully describe any contracts, arrangements or understandings with respect to any voting security of the insurer in which the applicant, its affiliates or any person listed in item 3 is involved, including but not limited to: transfer of any of the securities, joint ventures, loan or option arrangements, puts or calls, guarantees of loans, guarantees against loss or guarantees of profits, division of losses or profits or the giving or withholding of proxies. Identify the persons with whom such contracts, arrangements or understandings have been entered. File as exhibits copies of all tender offers for, requests or invitations for, tenders of, exchange offers for, and agreements to acquire or exchange any voting securities of the insurer and, if distributed, of additional soliciting material relating thereto and annual reports to the stockholders of the insurer and applicant for the last two fiscal years.	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (H) (Item 8)		Item 8. Contracts, arrangements, or understandings with respect to voting securities of the insurer Fully describe any contracts, arrangements or understandings with respect to any voting security of the insurer in which the applicant, its affiliates or any person listed in item 3 is involved, including but not limited to: transfer of any of the securities, joint ventures, loan or option arrangements, puts or calls, guarantees of loans, guarantees against loss or guarantees of profits, division of losses or profits or the giving or withholding of proxies. Identify the persons with whom such contracts, arrangements or understandings have been entered. File as exhibits copies of all tender offers for, requests or invitations for, tenders of, exchange offers for, and agreements to acquire or exchange any voting securities of the insurer and, if distributed, of additional soliciting material relating thereto and annual reports to the stockholders of the insurer and applicant for the last two fiscal years.	3901.041, 3901.321	Yes, state law	Yes, state law

3901-3-01	3901-3-01 (H) (Item 9)	Other - requires an action	Item 9. Recent purchases of voting securities Describe any purchases of any voting securities of the insurer by the applicant, its affiliates or any person listed in item 3 during the twelve calendar months preceding the filing of this statement. Include in the description the dates of purchase, the names of the purchasers, and the consideration paid or agreed to be paid therefore. State whether any such shares are pledged or hypothecated.	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (H) (Item 10)	Other - requires an action	Item 10. Recent recommendations to purchase Describe any recommendations to purchase any voting security of the insurer made by the applicant, its affiliates or any person listed in item 3, or by anyone based upon interviews or at the suggestion of the applicant, its affiliates or any person listed in item 3 during the twelve calendar months preceding the filing of this statement.	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (H) (Item 11)	Other - requires an action	Item 11. Agreements with broker-dealers Describe the terms of any agreement, contract or understanding made with any broker-dealer as to solicitation of voting securities of the insurer for tender and the amount of any fees, commissions or other compensation to be paid to broker-dealers with regard thereto.	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (H) (Item 12) (a)	Shall	Item 12. Financial statements (A) Financial statements shall be attached to this statement as exhibits. However, list under this item the financial statements so attached.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority

3901-3-01	3901-3-01 (H) (Item 12) (b) (1)	Other - requires an action	(B) The financial statements shall include: (1) the annual financial statements of the persons identified in item 2(C) for the preceding five fiscal years or for such lesser period as such applicant and its affiliates and any of its predecessors shall have been in existence and	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (H) (Item 12) (b) (2)	Other - requires an action	(2) similar information covering the period from the end of such person's last fiscal year, if such information is available. Such statements may be prepared on either an individual basis or, unless the superintendent otherwise requires, on a consolidated basis, if the consolidated statements are prepared in the usual course of business.	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (H) (Item 12) (c)	Shall	(C) The annual financial statements of the applicant shall be accompanied by the certificate of an independent public accountant to the effect that such statements present fairly the financial position of the applicant and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the applicant is an insurer which is actively engaged in the business of insurance, the financial statements must be based on the annual statement of such person filed with the insurance department of the person's domiciliary state and be in accordance with the requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of such state.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority
3901-3-01	3901-3-01 (H) (Item 13) (1 -2)	Other - requires an action	Item 13. Corporate authority If the applicant is not an individual, file a certified copy of: (1) The resolution of the board of directors of the applicant approving the transaction and directing that the agreement underlying the transaction be submitted to a vote of the shareholders, members or policyholders entitled to vote on the matter. (2) The resolution of the shareholders, members or policyholders of the applicant approving the transaction.	3901.041, 3901.321	No, general rulemaking authority	No, general rulemaking authority

3901-3-01	3901-3-01 (H) (Item 14)	Other - requires an action	Item 14. Notice to domestic insurer State whether the applicant has sent a copy of form A to the domestic insurer.	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (H) (Item 15)	Other - requires an action	Item 15. Signature and certification Signature and certification required as follows:	3901.041, 3901.321	Yes, state law	Yes, state law
3901-3-01	3901-3-01 (I)	Shall Not	(I) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-02	3901-3-02 (C) (5)	Shall	(5) All other terms used herein shall have the same meanings prescribed in section 3901.32 of the Revised Code unless the context otherwise requires. Other nomenclature or terminology is according to the Revised Code, or insurance usage if not defined by the Revised Code.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (D)	Shall	(D) Registration of insurer--statement filing An insurer required to file a registration statement or an amendment thereto pursuant to section 3901.33 of the Revised Code shall furnish the required information on form B as outlined in paragraph (L) of this rule.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (E) (1)	Shall	E) Amendments (1) Form B is the annual registration statement to be filed annually by the registered insurer on or before June one, each year after the initial registration. Such annual filing shall restate the form B and make current all information in the form B, including amendments filed during the current reporting year.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (E) (2) (a - b)	Shall	(2) An amendment to form B shall be filed within fifteen days after the end of any month in which the following occurs: (a) There is a change in the control of the registered insurer, in which case the entire form B shall be made current; (b) There is a material change in or addition to the information given in item 5 or item 6 of form B.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (H)(1)	Shall	H) Disclaimers and termination of registration (1) A disclaimer of affiliation pursuant to division (J) of section 3901.33 of the Revised Code or a request for termination of registration pursuant to division (F) of section 3901.33 of the Revised Code claiming that a person does not, or will not upon the taking of some proposed action, control any other person (hereinafter referred to as the "subject") shall contain the following: (a) The number of authorized, issued and outstanding voting securities of the subject: (b) With respect to the person whose control is denied and all affiliates of such person: (i) The number and percentage of shares of the subject's voting securities which are held of record or know to be beneficially owned, and the number of such shares concerning which there is a right to acquire, directly or indirectly; (ii) Information as to all transactions in any voting securities of the subject which were effected during the past six months by such persons; (c) All material relationships and bases for affiliations between the subject and the person whose control is denied and all affiliates of such person; (d) A statement explaining why such person should not be considered to control the subject.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (I)	Shall	(I) Enterprise risk report The ultimate controlling person of an insurer required to file an enterprise risk report, pursuant to division (K) of section 3901.33 of the Revised Code, shall furnish the required information on form F, hereby made a part of this rule.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (J)	Shall	(J) Extraordinary dividends and other distributions Request for approval of extraordinary dividends or any other extraordinary distribution shall include the following: (1) The amount of extraordinary dividend or extraordinary distribution; (2) The date established for payment of the dividend or distribution; (3) A statement as to whether the dividend or distribution is to be in cash or other property and, if in property, a description thereof, its cost, and the fair market value of such property together with an explanation of the basis for valuation; (4) The amounts and dates of all dividends or distributions paid within the period of twelve consecutive months ending on the date fixed for payment of the proposed dividend or distribution for which approval is sought and commencing on the day after the same day of the same month in the last preceding year; (5) A balance sheet and statement of income for the period intervening from the last annual statement filed with the superintendent and the end of the month preceding the month in which the request for dividend or distribution approval is submitted; (6) A brief statement as to the effect of the proposed dividend or distribution upon the insurer's surplus and the reasonableness of surplus in relation to the insurer's outstanding liabilities and the adequacy of surplus relative to the insurer's financial needs.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (1) (a)	Shall	(K) Form B: instructions (1) General requirements (a) Form B is intended to be a guide in the preparation of the statement required by section 3901.33 of the Revised Code. It is not intended to be a blank form which is to be filled in. The statement filed shall contain the numbers and captions of all items, but the text of the items may be omitted provided the answers thereto are so prepared as to indicate to the reader the coverage of the items without the necessity of his referring to the text of the items or the instructions thereto. All instructions, whether appearing under the items of the form or elsewhere therein, are to be omitted. Unless expressly provided otherwise, if any item is not applicable or the answer thereto is in the negative, an appropriate statement to that effect shall be made;	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (1) (a)	Shall	(K) Form B: instructions (1) General requirements (a) Form B is intended to be a guide in the preparation of the statement required by section 3901.33 of the Revised Code. It is not intended to be a blank form which is to be filled in. The statement filed shall contain the numbers and captions of all items, but the text of the items may be omitted provided the answers thereto are so prepared as to indicate to the reader the coverage of the items without the necessity of his referring to the text of the items or the instructions thereto. All instructions, whether appearing under the items of the form or elsewhere therein, are to be omitted. Unless expressly provided otherwise, if any item is not applicable or the answer thereto is in the negative, an appropriate statement to that effect shall be made;	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (K) (1) (b)	Shall	(b) Two copies of each statement, including exhibits and all other papers and documents filed as part thereof, shall be filed with the superintendent. One of the copies is to be submitted in electronic form as prescribed by the superintendent. If a consolidated report is made to amend the individual registration statement of more than one insurer, one complete copy of such report shall be filed. Each statement or report filed with the superintendent shall be manually signed in the manner prescribed in the form. If the signature of any person is affixed pursuant to a power of attorney or other similar authority, a copy of such power of attorney or other authority shall also be filed with the statement or report;	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (1) (b)	Shall	(b) Two copies of each statement, including exhibits and all other papers and documents filed as part thereof, shall be filed with the superintendent. One of the copies is to be submitted in electronic form as prescribed by the superintendent. If a consolidated report is made to amend the individual registration statement of more than one insurer, one complete copy of such report shall be filed. Each statement or report filed with the superintendent shall be manually signed in the manner prescribed in the form. If the signature of any person is affixed pursuant to a power of attorney or other similar authority, a copy of such power of attorney or other authority shall also be filed with the statement or report;	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (1) (b)	Shall	(b) Two copies of each statement, including exhibits and all other papers and documents filed as part thereof, shall be filed with the superintendent. One of the copies is to be submitted in electronic form as prescribed by the superintendent. If a consolidated report is made to amend the individual registration statement of more than one insurer, one complete copy of such report shall be filed. Each statement or report filed with the superintendent shall be manually signed in the manner prescribed in the form. If the signature of any person is affixed pursuant to a power of attorney or other similar authority, a copy of such power of attorney or other authority shall also be filed with the statement or report;	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (1) (b)	Shall	(b) Two copies of each statement, including exhibits and all other papers and documents filed as part thereof, shall be filed with the superintendent. One of the copies is to be submitted in electronic form as prescribed by the superintendent. If a consolidated report is made to amend the individual registration statement of more than one insurer, one complete copy of such report shall be filed. Each statement or report filed with the superintendent shall be manually signed in the manner prescribed in the form. If the signature of any person is affixed pursuant to a power of attorney or other similar authority, a copy of such power of attorney or other authority shall also be filed with the statement or report;	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (K) (1) (c)	Shall	(c) Statements or reports should be prepared on paper 8 1/2 x 11" or 8 1/2" x 13" in size and preferably bound at the top of the top left-hand corner. Exhibits and financial statements, unless specifically prepared for filing, may be submitted in their original size. All copies of any statement, report, financial statement, or exhibits shall be clear, easily readable and suitable for photocopying. Debits in credit categories shall be designed so as to be clearly distinguishable as such on photocopies. Statements or reports shall be in the English language and monetary values shall be stated in United States currency. If any exhibit or other paper document filed with the statement or report is in a foreign language, it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency shall be converted into United States currency.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (1) (c)	Shall	(c) Statements or reports should be prepared on paper 8 1/2 x 11" or 8 1/2" x 13" in size and preferably bound at the top of the top left-hand corner. Exhibits and financial statements, unless specifically prepared for filing, may be submitted in their original size. All copies of any statement, report, financial statement, or exhibits shall be clear, easily readable and suitable for photocopying. Debits in credit categories shall be designed so as to be clearly distinguishable as such on photocopies. Statements or reports shall be in the English language and monetary values shall be stated in United States currency. If any exhibit or other paper document filed with the statement or report is in a foreign language, it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency shall be converted into United States currency.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (1) (c)	Shall	(c) Statements or reports should be prepared on paper 8 1/2 x 11" or 8 1/2" x 13" in size and preferably bound at the top of the top left-hand corner. Exhibits and financial statements, unless specifically prepared for filing, may be submitted in their original size. All copies of any statement, report, financial statement, or exhibits shall be clear, easily readable and suitable for photocopying. Debits in credit categories shall be designed so as to be clearly distinguishable as such on photocopies. Statements or reports shall be in the English language and monetary values shall be stated in United States currency. If any exhibit or other paper document filed with the statement or report is in a foreign language, it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency shall be converted into United States currency.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (1) (c)	Shall	(c) Statements or reports should be prepared on paper 8 1/2 x 11" or 8 1/2" x 13" in size and preferably bound at the top of the top left-hand corner. Exhibits and financial statements, unless specifically prepared for filing, may be submitted in their original size. All copies of any statement, report, financial statement, or exhibits shall be clear, easily readable and suitable for photocopying. Debits in credit categories shall be designed so as to be clearly distinguishable as such on photocopies. Statements or reports shall be in the English language and monetary values shall be stated in United States currency. If any exhibit or other paper document filed with the statement or report is in a foreign language, it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency shall be converted into United States currency.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (K) (1) (c)	Shall	(c) Statements or reports should be prepared on paper 8 1/2 x 11" or 8 1/2" x 13" in size and preferably bound at the top of the top left-hand corner. Exhibits and financial statements, unless specifically prepared for filing, may be submitted in their original size. All copies of any statement, report, financial statement, or exhibits shall be clear, easily readable and suitable for photocopying. Debits in credit categories shall be designed so as to be clearly distinguishable as such on photocopies. Statements or reports shall be in the English language and monetary values shall be stated in United States currency. If any exhibit or other paper document filed with the statement or report is in a foreign language, it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency shall be converted into United States currency.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (2) (a)	Shall	(2) Incorporation by reference, summaries and omissions. (a) Information required by an item of form B may be incorporated by reference in answer or partial answer to any other item. Information contained in any financial statement, annual report, proxy statement, statement filed with a governmental authority, or any other document may be incorporated by reference in answer or partial answer to any item of form B provided such document or paper is filed as an exhibit to the statement or report. Excerpts of documents may be filed as exhibits if the documents are extensive. Documents already on file with the superintendent need not be attached as exhibits. References to information contained in exhibits or in documents already on file shall clearly identify the material and shall specifically indicate that such material is to be incorporated by reference in answer to the item. Matter shall not be incorporated by reference in any case where such incorporation would render the statement or report incomplete, unclear or confusing;	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (2) (a)	Shall Not	(2) Incorporation by reference, summaries and omissions. (a) Information required by an item of form B may be incorporated by reference in answer or partial answer to any other item. Information contained in any financial statement, annual report, proxy statement, statement filed with a governmental authority, or any other document may be incorporated by reference in answer or partial answer to any item of form B provided such document or paper is filed as an exhibit to the statement or report. Excerpts of documents may be filed as exhibits if the documents are extensive. Documents already on file with the superintendent need not be attached as exhibits. References to information contained in exhibits or in documents already on file shall clearly identify the material and shall specifically indicate that such material is to be incorporated by reference in answer to the item. Matter shall not be incorporated by reference in any case where such incorporation would render the statement or report incomplete, unclear or confusing;	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (K) (2) (b)	Shall	(b) Where an item requires a summary or outline of the provisions of any document, only a brief statement shall be made as to the most important provisions of the document. In addition to such statement, the summary or outline may incorporate by reference particular parts of any exhibit or document on file with the superintendent and may be qualified in its entirety by such reference. In any case where two or more documents required to be filed as exhibits are substantially identical in all material respects except as to the parties thereto, the dates of execution, or other details, a copy of only one of the documents need be filed with a schedule identifying the omitted documents and setting forth the material details in which such omitted documents differ from the document of which a copy is filed. The superintendent may at any time in his discretion require the filing of copies of any omitted documents.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (3) (a) (i)	Shall	(i) The registered insurer shall give such information on the subject as it possesses or can acquire without unreasonable effort or expense, together with the sources thereof; and	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (3) (a) (ii)	Shall	(ii) The registered insurer shall include a statement either showing that unreasonable effort or expense would be involved or indicating the absence of any affiliation with the person within whose knowledge the information rests and stating the result of a request made to such person for the information.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (3) (b)	Shall	(b) If it is impractical to furnish any required information, document or report at the time it is required to be filed, there may be filed with the superintendent as a separate document an application (i) identifying the information, document or report in question, (ii) stating why the filing thereof at the time required is impractical, and (iii) requesting an extension of time for filing the information, document or report to a specified date. The application shall be deemed granted unless the superintendent within thirty days after receipt thereof, shall enter an order denying the application.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (4)	Shall	(4) Additional information and exhibits. In addition to the information expressly required to be included in form B, there shall be added such further material information, if any, as may be necessary to make the information contained therein not misleading. The person filing may also file such exhibits as it may desire in addition to those expressly required by the statement. Such exhibits shall be so marked as to indicate clearly the subject matters to which they refer.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (K) (4)	Shall	(4) Additional information and exhibits. In addition to the information expressly required to be included in form B, there shall be added such further material information, if any, as may be necessary to make the information contained therein not misleading. The person filing may also file such exhibits as it may desire in addition to those expressly required by the statement. Such exhibits shall be so marked as to indicate clearly the subject matters to which they refer.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (K) (5)	Shall	(5) Amendments Any amendment to form B shall include on the top of the cover page the phrase: "amendment no. _____ to" and shall indicate the date of the amendment and the date of the original filing of the statement being amended.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (L) (Item 1)	Other - requires an action	Item 1. Identity and control of registrant Furnish the exact name of each insurer registering or being registered (hereinafter called "the registrant"), the home office address and principal executive officers of each, the date on which each registrant became part of the insurance holding company system, and the method(s) by which control of each registrant was acquired and is maintained.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (L) (Item 2)	Other - requires an action	Item 2. Organizational chart Furnish a chart or listing clearly presenting the identities of and interrelationships amount all affiliated persons within the insurance holding company system. The chart or list should show the percentage of each class of voting securities of each affiliate which is owned, directly or indirectly, by another affiliate. If control of any person within the system is maintained other than by the ownership or control of voting securities, indicate the basis of such control. As to each person specified in such chart or listing, indicate the type or organization (e.g., corporation, trust, partnership) and the state or other jurisdiction of domicile.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (L) (Item 3)	Other - requires an action	Item 3. The ultimate controlling person As to the ultimate controlling person, furnish the following information: (a) Name; (b) Home office address; (c) Principal executive office; (d) The organizational structure of the person, e.g., corporation, partnership, individual, trust, etc.; (e) The principal business of the person; (f) The name and address of any person who holds ten percent or more of any class of voting security of the ultimate controlling person, the class of such security, the name of shares held of record or known to be beneficially owned, and the percentage of class so held or owned.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (L) (Item 4) (a)	Other - requires an action	Item 4. Biographical information Furnish the following information on the directors or trustees, the members of a non- profit corporation, as well as the executive officers of the insurer and ultimate controlling person, beneficial or record owners of ten percent or more of any class of voting security of the ultimate controlling person: (a) For new registrants, provide a biographical affidavit on a form prescribed by the superintendent for all persons described in item 4.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (L) (Item 4) (b)	Other - requires an action	(b) For registrants without any changes to the list of persons described in item 4 since the previous filing, provide each person's name and address, his principal occupation and all offices and positions held during the past five years, and any conviction of crimes other than minor traffic violations during the past ten years.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (L) (Item 4) (c)	Other - requires an action	(c) For registrants with changes to the list of persons described in item 4 since the previous filing, provide a biographical affidavit on a form prescribed by the superintendent for any person not previously required to submit biographical information; for all others provide the information described in paragraph (b) of item 4.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37		Yes, state law
3901-3-02	3901-3-02 (L) (Item 5) (a - i)	Other - requires an action	Item 5. Transaction, relationships and agreements Briefly describe the following agreements in force, relationships subsisting, and transactions currently outstanding between the registrant and its affiliates: (a) Loans, other investments, or purchases, sales or exchanges of securities of the affiliated by the registrant or of the registrant by its affiliates; (b) Purchases, sales or exchanges of assets; (c) Transactions not in the ordinary course of business; (d) Guarantees or undertakings for the benefit of an affiliate which result in an actual contingent exposure of the registrant's assets to liability, other than insurance contracts entered into in the ordinary course of the registrant's business; (e) All management and service contracts and all cost sharing arrangements; (f) Reinsurance agreements; (g) Dividends and other distributions to shareholders; (h) Consolidated tax allocation agreements; (i) Any pledge of the insurer's stock, including stock of any subsidiary or controlling affiliate, for a loan made to any member of the insurance holding company system, and	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (L) (Item 5) (j)	Shall Not	(j) Other matters concerning transactions between registered insures and any affiliates as may be included from time to time in any registration forms adopted or approved by the superintendent. No Information need be disclosed if such information is not material. Sales purchases, exchanges, loans or extensions of credit or investments involving one-half of one per cent or less of the registrant's admitted assets as of the thirty-first day of December next preceding shall not be deemed material.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (L) (Item 5) (j)	Shall	(j) Other matters concerning transactions between registered insures and any affiliates as may be included from time to time in any registration forms adopted or approved by the superintendent. The description shall be in a manner as to permit the proper evaluation thereof by the superintendent, and shall include at least the following: the nature and purpose of the transaction; the nature and the amounts of any payments or transfers of assets between the parties; the identity of all parties to such transaction; the relationship of the affiliated parties to the registrant; and if applicable the date upon which the agreements, relationships, transactions and distributions described in item 5 of paragraph (L) of this rule were reported to the superintendent pursuant to division (C) of section 3901.34 or section 3901.341 of the Revised Code.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (L) (Item 6) (a)	Other - requires an action	A brief description of any litigation or administrative proceedings of the following types, either then pending or concluded within the preceding fiscal year, to which the ultimate controlling person or any directors or executive officers of the ultimate controlling person was a party or of which the property of any such person is or was the subject; give the names of the parties, the court or agency in which such litigation or proceeding is or was pending, and the date when commenced: (a) Criminal prosecutions or administrative proceedings by any governmental agency or authority which may be relevant to the trustworthiness or any party thereto; and	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (L) (Item 6) (b)	Other - requires an action	(b) Proceedings which may have a material effect upon the solvency or capital structure of the ultimate controlling person including, but not necessarily limited to, bankruptcy, liquidation, receivership, or corporate reorganizations.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (L) (Item 7) (a)	Shall	Item 7. Financial statements and exhibits (a) Financial statements and exhibits for registrants shall be attached to this statement as an appendix unless incorporated herein by reference to such statements or exhibits already filed with the superintendent;	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (L) (Item 7) (b)	Shall	(b) The financial statements shall include the annual financial statements of the ultimate controlling person in the insurance holding company system as of the end of such person's latest fiscal year. If at the time of the initial registration, any annual financial statements required to be filed for the latest fiscal year are not available, annual statements for the previous fiscal year may be filed and similar financial information shall be filed for any subsequent period to the extent such information is available. Financial statements may be prepared on either an individual basis, or unless the superintendent otherwise requires, on a consolidated basis if such consolidated statements are prepared in the usual course of business. Unless the superintendent otherwise permits, the annual financial statements shall be accompanied by the certificate of an independent public accountant to the effect that such statements present fairly the financial position of the ultimate controlling person and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the ultimate controlling person is an insurer which is actively engaged in the business of insurance, the annual financial statements need not be certified, provided they are based on the annual statement of such insurer filed with the insurance department of the insurer's domiciliary state and are in accordance with requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of such state.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (L) (Item 7) (b)	Shall	(b) The financial statements shall include the annual financial statements of the ultimate controlling person in the insurance holding company system as of the end of such person's latest fiscal year. If at the time of the initial registration, any annual financial statements required to be filed for the latest fiscal year are not available, annual statements for the previous fiscal year may be filed and similar financial information shall be filed for any subsequent period to the extent such information is available. Financial statements may be prepared on either an individual basis, or unless the superintendent otherwise requires, on a consolidated basis if such consolidated statements are prepared in the usual course of business. Unless the superintendent otherwise permits, the annual financial statements shall be accompanied by the certificate of an independent public accountant to the effect that such statements present fairly the financial position of the ultimate controlling person and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the ultimate controlling person is an insurer which is actively engaged in the business of insurance, the annual financial statements need not be certified, provided they are based on the annual statement of such insurer filed with the insurance department of the insurer's domiciliary state and are in accordance with requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of such state.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (L) (Item 7) (b)	Shall	(b) The financial statements shall include the annual financial statements of the ultimate controlling person in the insurance holding company system as of the end of such person's latest fiscal year. If at the time of the initial registration, any annual financial statements required to be filed for the latest fiscal year are not available, annual statements for the previous fiscal year may be filed and similar financial information shall be filed for any subsequent period to the extent such information is available. Financial statements may be prepared on either an individual basis, or unless the superintendent otherwise requires, on a consolidated basis if such consolidated statements are prepared in the usual course of business. Unless the superintendent otherwise permits, the annual financial statements shall be accompanied by the certificate of an independent public accountant to the effect that such statements present fairly the financial position of the ultimate controlling person and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the ultimate controlling person is an insurer which is actively engaged in the business of insurance, the annual financial statements need not be certified, provided they are based on the annual statement of such insurer filed with the insurance department of the insurer's domiciliary state and are in accordance with requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of such state.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (L) (Item 7) (c)	Shall	(c) Exhibits shall include copies of the latest annual reports to shareholders of the ultimate controlling person and proxy material used by the ultimate controlling person.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (M)	Other - requires an action	Furnish a brief description of all items in the current annual registration statement which represent changes from the prior year's annual registration statement. The description shall be in a manner as to permit the proper evaluation thereof by the superintendent, and shall include specific references to item numbers in the annual registration statement and to the terms contained therein.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (M)	Other - requires an action	Changes occurring under item 2 of form B insofar as changes in the percentage of each class of voting securities held by each affiliate is concerned, need only be included where such changes are ones which result in ownership or holdings of ten per cent or more of voting securities, loss or transfer of control, or acquisition or loss of partnership interest.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (M)	Other - requires an action	Changes occurring under item 4 of form B need only be included where an individual is, for the first time, made a director or executive officer of the ultimate controlling person; a director or executive officer terminates his or her responsibilities with the ultimate controlling person; or in the event an individual is named president of the ultimate controlling person.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (M)	Shall	If a transaction disclosed on the prior year's annual registration statement has been changed, the nature of such change shall be included. If a transaction disclosed on the prior year's annual registration statement has been effectuated, furnish the mode of completion and any flow of funds between affiliates resulting from the transaction.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (M)	Shall	The insurer shall furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions whose purpose it is to avoid statutory threshold amounts and the review that might otherwise occur.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (N) (Item 1)	Shall	Item 1. Enterprise risk The registrant/applicant, to the best of its knowledge and belief, shall provide information regarding the following areas that could produce enterprise risk as defined in division (K) of section 3901.33 of the Revised Code, provided such information is not disclosed in the insurance holding company system annual registration statement filed on behalf of this or another insurer for which it is the ultimate controlling person: (a) Any material developments regarding strategy, internal audit findings, compliance or risk management affecting the insurance holding company system; (b) Acquisition or disposal of insurance entities and reallocating of existing financial or insurance entities within the insurance holding company system; (c) Any changes of shareholders of the insurance holding company system exceeding ten per cent or more of voting securities; (d) Developments in various investigations, regulatory activities or litigation that may have a significant bearing or impact on the insurance holding company system; (e) Business plan of the insurance holding company system and summarized strategies for next twelve months; (f) Identification of material concerns of the insurance holding company system raised by supervisory college, if any, in last year; (g) Identification of insurance holding company system capital resources and material distribution patterns; (h) Identification of any negative movement, or discussions	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law

3901-3-02	3901-3-02 (N) (Item 2)	Shall	Item 2. Obligation to report If the registrant/applicant has not disclosed any information pursuant to item 1, the registrant/applicant shall include a statement affirming that, to the best of its knowledge and belief, it has not identified enterprise risk subject to disclosure pursuant to item 1.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	Yes, state law	Yes, state law
3901-3-02	3901-3-02 (N) (Item 2)	Shall Not	(O) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	Statutory Authority: 3901.041 Rule Amplifies: 3901.32 to 3901.37	No, general rulemaking authority	No, general rulemaking authority
3901-3-03	3901-3-03 (D)	Shall	(D) Written notice In giving notice to the superintendent of a proposed transaction pursuant to section 3901.341 of the Revised Code, the insurer shall use the form set forth in this paragraph.	3901.041, 3901.341	Yes, state law	Yes, state law
3901-3-03	3901-3-03 (D) (Item 1)	Other - requires an action	Item 1. Identity of parties to transaction Furnish the following information for each of the parties to the transaction: (a) Name. (b) Home office address. (c) Principal executive office address. (d) The organizational structure, e.g. corporation, partnership, individual, trust, etc. (e) A description of the nature of the parties' business operations. (f) Relationship to the insurer of other parties to the transaction, if any, including any ownership or debtor/creditor interest by any other parties to the transaction in the insurer, or by the insurer in the affiliated parties. (g) Where the transaction is with a non-affiliate, the name(s) of the affiliate(s) which will receive, in whole or in substantial part, the proceeds of the transaction.	3901.041, 3901.341	Yes, state law	Yes, state law

3901-3-03	3901-3-03 (D) (Item 2)	Other - requires an action	Item 2. Description of the transaction Furnish the following information in electronic form prescribed by the superintendent for each transaction for which notice is being given: (a) A statement as to whether notice is being given under divisions (A)(1), (A)(2), (A)(3), (A)(4), or (A)(5) of section 3901.341 of the Revised Code. (b) A statement of the nature of the transaction and a complete copy of the agreement to include amendments if applicable. (c) A statement of how the transaction meets the "fair and reasonable" standard of division (B) of section 3901.341 of the Revised Code. (d) The proposed effective date of the transaction.	3901.041, 3901.341	Yes, state law	Yes, state law
3901-3-03	3901-3-03 (D) (Item 3)	Other - requires an action	Item 3. Sales, purchases, exchanges, loans, extensions of credit, guarantees or investments If notice is being given under division (A)(1) of section 3901.341 of the Revised Code, furnish a brief description of the amount and source of funds, securities, property or other consideration for the sale, purchase, exchange of assets, loan, extension of credit, guarantee, or investment. If any securities are involved in the transaction, provide a description of the terms of the securities.	3901.041, 3901.341	Yes, state law	Yes, state law
3901-3-03	3901-3-03 (D) (Item 3)	Other - requires an action	If consideration for the transaction is other than cash describe the consideration, its cost, and fair market value, and explain the basis for evaluation.	3901.041, 3901.341	Yes, state law	Yes, state law
3901-3-03	3901-3-03 (D) (Item 3)	Other - requires an action	If the transaction involves a loan, extension of credit or a guarantee, furnish a description of the maximum amount which the insurer will be obligated to make available under such loan, extension of credit or guarantee, the date on which the credit or guarantee will terminate, and any provisions for the accrual of or deferral of interest.	3901.041, 3901.341	Yes, state law	Yes, state law
3901-3-03	3901-3-03 (D) (Item 3)	Other - requires an action	If the transaction involves an investment, guarantee or other arrangement, state the time period during which the investment, guarantee or other arrangement will remain in effect, together with any provisions for extensions or renewals of such investments, guarantees or arrangements. Furnish a brief statement as to the effect of the transaction upon the insurer's surplus.	3901.041, 3901.341	Yes, state law	Yes, state law
3901-3-03	3901-3-03 (D) (Item 3)	Other - requires an action	No notice need be given if the maximum amount which can at any time be outstanding or for which the insurer can be legally obligated under the loan, extension of credit or guarantee is less than, (a) in the case of non-life insurers, the lesser of three percent of the insurer's admitted assets or twenty-five percent of surplus as regards policyholders or, (b) in the case of life insurers, three percent of the insurer's admitted assets, each as of the thirty-first day of December next preceding.	3901.041, 3901.341	Yes, state law	Yes, state law

3901-3-03	3901-3-03 (D) (Item 4)	Other - requires an action	If the transaction involves a loan or extension of credit to any person who is not an affiliate, furnish a brief description of the agreement or understanding whereby the proceeds of the proposed transaction, in whole or in substantial part, are to be used to make loans or extensions of credit to, to purchase the assets of, or to make investments in, any affiliate of the insurer making such loans or extensions of credit, and specify in what manner the proceeds are to be used to loan to, extend credit to, purchase assets of or make investments in any affiliate. Describe the amount and source of funds, securities, property or other consideration for the loan or extension of credit and, if the transaction is one involving consideration other than cash, a description of its cost and its fair market value together with an explanation of the basis for evaluation. Furnish a brief statement as to the effect of the transaction upon the insurer's surplus.	3901.041, 3901.341	Yes, state law	Yes, state law
3901-3-03	3901-3-03 (D) (Item 5)	Other - requires an action	If the transaction is a reinsurance agreement or modification thereto, as described by division (A)(3) of section 3901.341 of the Revised Code, furnish a description of the known and/or estimated amount of liability to be ceded and/or assumed in each calendar year, the period of time during which the agreement will be in effect, and a statement whether an agreement or understanding exists between the insurer and non-affiliate to the effect that any portion of the assets constituting the consideration for the agreement will be transferred to one or more of the insurer's affiliates. Furnish a brief description of the consideration involved in the transaction, and a brief statement as to the effect of the transaction upon the insurer's surplus.	3901.041, 3901.341	Yes, state law	Yes, state law
3901-3-03	3901-3-03 (D) (Item 6)	Other - requires an action	Item 6. Management agreements, service agreements, cost-sharing arrangements and tax allocation agreements. For management and service agreements, furnish: (a) A brief description of the managerial responsibilities, or services to be performed. (b) A brief description of the agreement, including a statement of its duration, together with brief descriptions of the basis for compensation and the terms under which payment or compensation is to be made.	3901.041, 3901.341	Yes, state law	Yes, state law
3901-3-03	3901-3-03 (D) (Item 6)	Other - requires an action	For cost-sharing arrangements, furnish: (a) A brief description of the purpose of the agreement. (b) A description of the period of time during which the agreement is to be in effect. (c) A brief description of each party's expenses or costs covered by the agreement. (d) A brief description of the accounting basis to be used in calculating each party's costs under the agreement. (e) A brief statement as to the effect of the transaction upon the insurer's policyholder surplus; (f) A statement regarding the cost allocation methods that specifies whether proposed charges are based on "cost or market." If market based, rationale for using market instead of cost, including justification for the company's determination that amounts are fair and reasonable; and (g) A statement regarding compliance with the national association of insurance commissioners (NAIC) "Accounting Practices and Procedures Manual" regarding expense allocation.	3901.041, 3901.341	Yes, state law	Yes, state law

3901-3-03	3901-3-03 (D) (Item 7)	Other - requires an action	Item 7. Signature and certification Signature and certifications required as follows:	3901.041, 3901.341	Yes, state law	Yes, state law
3901-3-03	3901-3-03 (E)	Shall	(E) Agreements for cost sharing services and management services shall at a minimum and as applicable: (1) Identify the person providing services and the nature of such services; (2) Set forth the methods to allocate costs; (3) Require timely settlement, not less frequently than on a quarterly basis, and compliance with the requirements in the NAIC "Accounting Practices and Procedures Manual"; (4) Prohibit advancement of funds by the insurer to the affiliate except to pay for services defined in the agreement; (5) State that the insurer will maintain oversight for functions provided to the insurer by the affiliate and that the insurer will monitor services annually for quality assurance; (6) Define books and records of the insurer to include all books and records developed or maintained under or related to the agreement; (7) Specify that all books and records of the insurer are and remain the property of the insurer and are subject to control of the insurer; (8) State that all funds and invested assets of the insurer are the exclusive property of the insurer, held for the benefit of the insurer and are subject to the control of the insurer; (9) Include standards for termination of the agreement with and without cause; (10) Include provisions for indemnification of the insurer in the event of gross negligence or willful misconduct on the part of the affiliate providing the services; (11) Specify that, if any action is taken against the insurer pursuant to the insurers supervision, rehabilitation, and	3901.041, 3901.341	Yes, state law	Yes, state law
3901-3-03	3901-3-03 (F)	Shall Not	(F) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgement shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041, 3901.341	No, general rulemaking authority	No, general rulemaking authority
3901-3-04	3901-3-04 (A)	Shall Not	(A) Purpose The purpose of this rule is to facilitate the department of insurance's surveillance of the financial condition of insurers by setting out standards which the superintendent may use for identifying insurers whose condition is such as to render the continuance of their business hazardous to their policyholders, creditors, or the general public. This rule shall not be interpreted to limit the powers granted the superintendent by any laws of this state.	Statutory Authority: 3901.041, Rule Amplifies: 3903.09, 3903.71	No, general rulemaking authority	No, general rulemaking authority
3901-3-04	3901-3-04 (E)	Shall Not	(E) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	Statutory Authority: 3901.041, Rule Amplifies: 3903.09, 3903.71	No, general rulemaking authority	No, general rulemaking authority

3901-3-05	(C)	Other - requires an action	The "Valuation of Securities Manual", "Purposes and Procedures Manual of the NAIC Securities Valuation Office", and the "Accounting Practices and Procedures Manual" as published by the National Association of Insurance Commissioners (NAIC) have been adopted for use in Ohio by section 3901.77 of the Revised Code. The procedures outlined in these publications are to be used for valuing investments for which valuations are not otherwise defined by statute or rule. The superintendent shall disallow any accounting practice or procedure prescribed by the publications if he deems it necessary to ascertain the condition and affairs of any company. In making the disallowance determination, the superintendent shall consider such factors as the nature of the investment; the financial stability of the issuing company; the applicability of other standardized accounting procedures; and other factors affecting the accuracy of the valuation.	R.C. 3901.041; R.C. 3901.77; R.C.3907.20; R.C. 1751.47	No, general rulemaking authority	No, general rulemaking authority
3901-3-05	(C)	Shall	The "Valuation of Securities Manual", "Purposes and Procedures Manual of the NAIC Securities Valuation Office", and the "Accounting Practices and Procedures Manual" as published by the National Association of Insurance Commissioners (NAIC) have been adopted for use in Ohio by section 3901.77 of the Revised Code. The procedures outlined in these publications are to be used for valuing investments for which valuations are not otherwise defined by statute or rule. The superintendent shall disallow any accounting practice or procedure prescribed by the publications if he deems it necessary to ascertain the condition and affairs of any company. In making the disallowance determination, the superintendent shall consider such factors as the nature of the investment; the financial stability of the issuing company; the applicability of other standardized accounting procedures; and other factors affecting the accuracy of the valuation.	R.C. 3901.041; R.C. 3901.77; R.C.3907.20; R.C. 1751.47	No, general rulemaking authority	Yes, state law
3901-3-05	(D)	Shall	"A company which has an investment which cannot be valued in accordance with paragraph (C) of this rule shall be a non-admitted investmentand afforded a value of zero in any filing of statutory financial statements and other financial information."	R.C. 3901.041; R.C.3907.20	Yes, state law	Yes, state law
3901-3-05	(E)	Shall Not	"If any section, term or provision of this rule is adjudged invalid for any reason, such judgment shall not affect, impair or invalidate any other section, term or provision of this rule, but the remaining sections, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-07	(A)	Shall	"This rule shall apply to all domestic life insurers and to all other licensed life insurers which are not subject to a substantially similar regulation in their state of domicile. This rule shall also apply to all domestic property and casualty insurers with respect to their accident and health business and to all other licensed property and casualty insurers with respect to their accident and health business which are not subject to a substantially similar regulation in their state of domicile. This rule shall not apply to assumption reinsurance, yearly renewable term reinsurance or certain nonproportional reinsurance such as stop loss or catastrophe reinsurance."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(1)(a)	Other - prohibits an action	"No insurer subject to this rule shall, for reinsurance ceded, reduce any liability orestablish any asset in any financial statement filed with the department if, bythe terms of the reinsurance agreement, in substance or effect, any of the following conditions exist: (a) Renewal expense allowance provided or to be provided to the ceding insurer by the reinsurer in any accounting period, are not sufficient to cover anticipated allocable renewal expenses of the ceding insurer on the portion of the business reinsured, unless a liability is established for the present value of the shortfall (using assumptions equal to the applicable statutory reserve basis on the business reinsured). Those expenses include commissions, premium taxes and direct expenses including, but not limited to, billing, valuation, claims and maintenance expected by the company at the time the business is reinsured;"	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(1)(b)	Other - prohibits an action	"No insurer subject to this rule shall, for reinsurance ceded, reduce any liability orestablish any asset in any financial statement filed with the department if, by the terms of the reinsurance agreement, in substance or effect, any of the following conditions exist: (b) The ceding insurer can be deprived of surplus or assets at the reinsurer's option or automatically upon the occurrence of some event, such as the insolvency of the ceding insurer,except that termination of the reinsurance agreement by the reinsurer for nonpayment of reinsurance premiums or other amounts due, such as modified coinsurance reserve adjustments, interest and adjustments on funds withheld, and tax reimbursements, shall not be considered to be such a deprivation of surplus or assets;"	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(1)(c)	Other - prohibits an action	"No insurer subject to this rule shall, for reinsurance ceded, reduce any liability orestablish any asset in any financial statement filed with the department if, by the terms of the reinsurance agreement, in substance or effect, any of the following conditions exist: (c) The ceding insurer is required to reimburse the reinsurer for negative experience underthe reinsurance agreement, except that neither offsetting experience refunds against current and prior years' losses under the agreement nor payment by the ceding insurer of an amount equal to the current and prior years' losses under the agreement upon voluntary termination of in force reinsurance by the ceding insurer shall be considered such a reimbursement to the reinsurer for negative experience. Voluntary termination does not include situations where termination occurs because of unreasonable provisions which allow the reinsurer to reduce its risk under the agreement."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority

3901-3-07	(D)(1)(d)	Other - prohibits an action	"No insurer subject to this rule shall, for reinsurance ceded, reduce any liability or establish any asset in any financial statement filed with the department if, by the terms of the reinsurance agreement, in substance or effect, any of the following conditions exist: (d) The ceding insurer must, at specific points in time scheduled in the agreement, terminate or automatically recapture all or part of the reinsurance ceded;"	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(1)(e)	Other - prohibits an action	"No insurer subject to this rule shall, for reinsurance ceded, reduce any liability or establish any asset in any financial statement filed with the department if, by the terms of the reinsurance agreement, in substance or effect, any of the following conditions exist: (e) The reinsurance agreement involves the possible payment by the ceding insurer to the reinsurer of amounts other than from income realized from the reinsured policies. For example, it is improper for a ceding company to pay reinsurance premiums, or other fees or charges to a reinsurer which are greater than the direct premiums collected by the ceding company;"	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(1)(f)	Other - prohibits an action	"No insurer subject to this rule shall, for reinsurance ceded, reduce any liability or establish any asset in any financial statement filed with the department if, by the terms of the reinsurance agreement, in substance or effect, any of the following conditions exist: (f) The treaty does not transfer all of the significant risk inherent in the business being reinsured. The following table identifies for a representative sampling of products or type of business, the risks which are considered to be significant. For products not specifically included, the risks determined to be significant shall be consistent with this table."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(1)(g)(i) and (ii)	Other - prohibits an action	"No insurer subject to this rule shall, for reinsurance ceded, reduce any liability or establish any asset in any financial statement filed with the department if, by the terms of the reinsurance agreement, in substance or effect, any of the following conditions exist: (g)(i) The credit quality, reinvestment, or disintermediation risk is significant for the business reinsured and the ceding company does not (other than for the classes of business excepted in paragraph (d)(1)(g)(ii) of this rule either transfer the underlying assets to the reinsurer or legally segregate such assets in a trust or escrow account or otherwise establish a mechanism satisfactory to the superintendent which legally segregates, by contract or contract provision, the underlying assets. (ii) Notwithstanding the requirements of paragraph (d)(1)(g)(i) of this rule, the assets supporting thereserves for the following classes of business and any classes of business which do not have a significant credit quality, reinvestment or disintermediation risk may be held by the ceding company without segregation of such assets:"	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(1)(h)	Other - prohibits an action	"No insurer subject to this rule shall, for reinsurance ceded, reduce any liability or establish any asset in any financial statement filed with the department if, by the terms of the reinsurance agreement, in substance or effect, any of the following conditions exist: (h) Settlements are made less frequently than quarterly or payments due from the reinsurer are not made in cash within ninety days of the settlement date.	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority

3901-3-07	(D)(1)(i)	Other - prohibits an action	"No insurer subject to this rule shall, for reinsurance ceded, reduce any liability or establish any asset in any financial statement filed with the department if, by the terms of the reinsurance agreement, in substance or effect, any of the following conditions exist: (i) The ceding insurer is required to make representations or warranties not reasonably related to the business being reinsured."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(1)(j)	Other - prohibits an action	"No insurer subject to this rule shall, for reinsurance ceded, reduce any liability or establish any asset in any financial statement filed with the department if, by the terms of the reinsurance agreement, in substance or effect, any of the following conditions exist: (j) The ceding insurer is required to make representations or warranties about future performance of the business being reinsured."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(1)(k)	Other - prohibits an action	"No insurer subject to this rule shall, for reinsurance ceded, reduce any liability or establish any asset in any financial statement filed with the department if, by the terms of the reinsurance agreement, in substance or effect, any of the following conditions exist: (k) The reinsurance agreement is entered into for the principal purpose of producing significant surplus aid for the ceding insurer, typically on a temporary basis, while not transferring all of the significant risks inherent in the business reinsured and, in substance or effect, the expected potential liability to the ceding insurer remains basically unchanged.	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(2)	Other - requires an action	(2) Notwithstanding paragraph (D)(1) of this rule, an insurer subject to this rule may, with the prior approval of the superintendent take such reserve credit as the superintendent may deem consistent with the insurance law, rules and regulations, including actuarial interpretations or standards adopted by the department.	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(3)(a)	Shall	"Agreements entered into after the effective date of this regulation which involve the reinsurance of business issued prior to the effective date of the agreements, along with any subsequent amendments thereto, shall be filed by the ceding company with the commissioner within thirty days from its date of execution. Each filing shall include data detailing the financial impact of the transaction. The ceding insurer's actuary who signs the financial statement actuarial opinion with respect to valuation of reserves shall consider this rule and any applicable actuarial standards of practice when determining the proper credit in financial statements filed with this department. The actuary should maintain adequate documentation and be prepared upon request to describe the actuarial work performed for inclusion in the financial statements and to demonstrate that such work conforms to this rule."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority

3901-3-07	(D)(3)(a)	Shall	"Agreements entered into after the effective date of this regulation which involve the reinsurance of business issued prior to the effective date of the agreements, along with any subsequent amendments thereto, shall be filed by the ceding company with the commissioner within thirty days from its date of execution. Each filing shall include data detailing the financial impact of the transaction. The ceding insurer's actuary who signs the financial statement actuarial opinion with respect to valuation of reserves shall consider this rule and any applicable actuarial standards of practice when determining the proper credit in financial statements filed with this department. The actuary should maintain adequate documentation and be prepared upon request to describe the actuarial work performed for inclusion in the financial statements and to demonstrate that such work conforms to this rule."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(3)(a)	Shall	"Agreements entered into after the effective date of this regulation which involve the reinsurance of business issued prior to the effective date of the agreements, along with any subsequent amendments thereto, shall be filed by the ceding company with the commissioner within thirty days from its date of execution. Each filing shall include data detailing the financial impact of the transaction. The ceding insurer's actuary who signs the financial statement actuarial opinion with respect to valuation of reserves shall consider this rule and any applicable actuarial standards of practice when determining the proper credit in financial statements filed with this department. The actuary should maintain adequate documentation and be prepared upon request to describe the actuarial work performed for inclusion in the financial statements and to demonstrate that such work conforms to this rule."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(D)(3)(b)	Shall	"Any increase in surplus net of federal income tax resulting from arrangements described in paragraph (d)(3)(a) of this rule shall be identified separately on the insurer's statutory financial statement as a surplus item (aggregate write-ins for gains and losses in surplus in the capital and surplus account, page four of the Annual Statement) and recognition of the surplus increase as income shall be reflected on a net of tax basis in the "Reinsurance ceded" line, page four of the annual statement as earnings emerge from the business reinsured."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(E)(1)	Other - prohibits an action	"(1) No reinsurance agreement or amendment to any agreement may be used to reduce any liability or to establish any asset in any financial statement filed with the department, unless the agreement, amendment or a letter of intent has been duly executed by both parties no later than the "as of date" of the financial statement."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(E)(2)	Must	"(2) In the case of a letter of intent, a reinsurance agreement or an amendment to a reinsurance agreement must be executed within a reasonable period of time, not exceeding ninety days from the execution date of the letter of intent, in order for credit to be granted for the reinsurance ceded."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority

3901-3-07	(F)	Shall	"Insurers subject to this regulation shall reduce to zero by December 31, 1997 any reserve credits or assets established with respect to reinsurance agreements entered into prior to the effective date of this rule which, under the provisions of this regulation would not be entitled to recognition of the reserve credits or assets; provided, however, that the reinsurance agreements shall have been in compliance with laws or rules in existence immediately preceding the effective date of this rule."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(F)	Shall	"Insurers subject to this regulation shall reduce to zero by December 31, 1997 any reserve credits or assets established with respect to reinsurance agreements entered into prior to the effective date of this rule which, under the provisions of this regulation would not be entitled to recognition of the reserve credits or assets; provided, however, that the reinsurance agreements shall have been in compliance with laws or rules in existence immediately preceding the effective date of this rule."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-07	(G)	Shall Not	"If any section, term, or paragraph of this rule is adjudged invalid for any reason, such judgment shall not affect, impair or invalidate any other section, term or paragraph of this rule, but the remaining section, terms and paragraph shall be and continue in full force and effect."	R.C. 3901.041; R.C. 3901.62; R.C. 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-08	(C)	Require	"The term "Work Paper" does not mean the annual and quarterly financial statements and exhibits, or the audited financial statements preparedby independent certified public accountants which an insurer is required to file with the department of insurance."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-08	(D)	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(A)	Must	The rule also sets out the information reinsurers and reinsurance intermediaries must maintain for the purpose of examination under section 3901.07 of the Revised Code as "documents of ...other persons that are relevant to [an] examination."	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(D)	Other - requires an action	Transactions between the reinsurance intermediary-broker and the insurer it represents may only be entered into pursuant to a written authorization which specifies the responsibilities of each party.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority

3901-3-09	(D)	Shall	Transactions between the reinsurance intermediary-broker and the insurer it represents may only be entered into pursuant to a written authorization which specifies the responsibilities of each party. The authorization, at a minimum, shall provide all of the following: (1) The insurer may terminate the reinsurance intermediary-broker's authority at any time. (2) The reinsurance intermediary-broker shall render accounts to the insurer accurately detailing all material transactions, including information necessary to support all commissions, charges, and other fees received by, or owing, to the reinsurance intermediary-broker, and remit all funds due to the insurer within thirty days after receipt. (3) All funds collected for the insurer's account shall be held by the reinsurance intermediary-broker in a fiduciary capacity in a bank which is a "Qualified United States Financial Institution". (4) The reinsurance intermediary-broker shall comply with the written standards established by the insurer for the cession or retrocession of all risks. (5) The reinsurance intermediary-broker shall disclose to the insurer any relationship with any reinsurer to which business will be ceded or retroceded. (6) The reinsurance intermediary-broker shall agree to maintain for at least ten years after the expiration of each contract of reinsurance transacted a complete record of each transaction showing all of the following: (a) The type of contract, limits, underwriting restrictions, classes or risks, and territory; (b) Period of coverage, including effective and termination	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(E)(1)	Other - prohibits an action	No insurer shall employ a reinsurance intermediary-broker that is not licensed by an insurance regulatory authority of any state of the United States of America as a reinsurance intermediary-broker.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(E)(2)	Other - prohibits an action	No insurer shall jointly employ an individual who also is employed by a reinsurance intermediary-broker with which the insurer transacts business, unless the reinsurance intermediary-broker is under common control with the insurer and subject to sections 3901.32 to 3901.37 of the Revised Code.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(F)	Shall	Transactions between a reinsurance intermediary-manager and the reinsurer it represents in the capacity of a reinsurance intermediary-manager shall be entered into only pursuant to a written contract, specifying the responsibilities of each party.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(F)	Shall	The contract shall be approved by the reinsurer's board of directors.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(F)	Shall	The reinsurer shall maintain a copy of the approved contract for review at the request of the superintendent of insurance.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority

3901-3-09	(F)	Shall	The contract, at a minimum, shall provide all of the following: (1) The reinsurer may terminate the contract for cause upon written notice to the reinsurance intermediary-manager. The reinsurer may immediately suspend the authority of the reinsurance intermediary-manager to assume or cede business during the pendency of any dispute regarding the cause for termination. (2) The reinsurance intermediary-manager shall render accounts to the reinsurer accurately detailing all material transactions, including information necessary to support all commissions, charges, and other fees received by, or owing to, the reinsurance intermediary-manager, and shall remit all funds due under the contract to the reinsurer on at least a monthly basis. (3) Any funds collected for the reinsurer'saccount shall be held by the reinsurance intermediary-manager in a fiduciary capacity in a bank that is a "Qualified United StatesFinancial Institution". The reinsurance intermediary-manager shall retain no more than three months' estimated claims payments and allocated loss adjustment expenses. The reinsurance intermediary-manager shall maintain a separate bank account for each reinsurer it represents. (4) For at least ten years after the expiration of each contract of reinsurance transacted by the reinsurance intermediary-manager, the reinsurance intermediary-manager shall keep a	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(G)(1)	Other - prohibits an action	No reinsurer shall employ a reinsurance intermediary-manager that is not licensed by an insurance regulatory authority of any state of the United States of America, as a reinsurance intermediary-manager.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(G)(2)(a)	Other - prohibits an action	(2) No reinsurer shall permit its reinsurance intermediary-manager to do any of the following: (a) Cede retrocessions on behalf of the reinsurer. However, the reinsurance intermediary-manager may cede facultative retrocessions pursuant to obligatory facultative agreements if the contract with the reinsurer contains reinsurance underwriting guidelines for such retrocessions. The guidelines shall include all of the following: (i) A list of reinsurers with which automatic agreements are in effect; (ii) For each such reinsurer, the coverages and amounts or percentages that may be reinsured; (iii) Commission schedules.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(G)(2)(b)	Other - prohibits an action	(2) No reinsurer shall permit its reinsurance intermediary-manager to do any of the following: (b) Commit the reinsurer to participate in reinsurance syndicates.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority

3901-3-09	(G)(2)(c)	Other - prohibits an action	(2) No reinsurer shall permit its reinsurance intermediary-manager to do any of the following: (c) Appoint any producer without assuring that the producer is lawfully licensed to transact the type of reinsurance for which he is appointed.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(G)(2)(d)	Other - prohibits an action	(2) No reinsurer shall permit its reinsurance intermediary-manager to do any of the following: (d) Without prior approval of the reinsurer, pay or commit the reinsurer to pay a claim, net of retrocessions, that exceeds the lesser of an amount specified by the reinsurer or one per cent of the reinsurer's policyholder's surplus as of the thirty-first day of December of the last complete calendar year. □	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(G)(2)(e)	Other - prohibits an action	(2) No reinsurer shall permit its reinsurance intermediary-manager to do any of the following: (e) Collect any payment from a retrocessionaire or commit the reinsurer to any claim settlement with a retrocessionaire, without prior approval of the reinsurer.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(G)(2)(f)	Other - prohibits an action	(2) No reinsurer shall permit its reinsurance intermediary-manager to do any of the following: (f) Jointly employ an individual who is employed by the reinsurer unless the reinsurance intermediary-manager is under common control with the reinsurer subject to sections 3901.32 to 3901.37 of the Revised Code.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(G)(2)(g)	Other - prohibits an action	(2) No reinsurer shall permit its reinsurance intermediary-manager to do any of the following: (g) Appoint a sub-reinsurance intermediary-manager.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(G)(3)	Shall Not	(3)A reinsurer shall not appoint to its board of directors, any officer, director, employee, controlling shareholder or subproducer of its reinsurance intermediary-manager.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-09	(H)	Shall Not	If any paragraph, term or provision of this rule be adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041, 3901.07, 3901.77	No, general rulemaking authority	No, general rulemaking authority
3901-3-10	(C)(1)	Shall	Every person who seeks a license as a managing general agent under section 3905.71 to 3905.79 of the Revised Code shall make application in writing to the superintendent of insurance on a form provided by the superintendent.	3901.041. 3905.79	Yes, state law	Yes, state law
3901-3-10	(C)(2)	Shall	In addition to the information required by section 3905.72(B)(1) to (6) of the Revised Code the application form shall also contain: (a) Questions to determine if the applicant has had any criminal or administrative action taken against the applicant; (b) Questions to determine if the applicant has ever been involved with an entity which was placed in bankruptcy, conservatorship, or similar supervision; (c) Any other information required by the superintendent.	3901.041. 3905.79	No, general rulemaking authority	No, general rulemaking authority

3901-3-10	(C)(3)	Shall	When the applicant applies for a license the applicant shall provide a list, including addresses, of all the applicant's agents, producers, or subproducers, which shall be kept current by filing notice of any changes within thirty days of the end of each calendar quarter.	3901.041. 3905.79	No, general rulemaking authority	No, general rulemaking authority
3901-3-10	(C)(4)	Shall	The application fee of twenty dollars shall be submitted with the application.	3901.041. 3905.79	No, general rulemaking authority	No, general rulemaking authority
3901-3-10	(D)	Shall	The date on which an applicant is assigned a license number by the department is the effective date of that license. The license shall expire on the last day of February of each calendar year, except that if an insurer terminates the appointment of a managing general agent the license will expireon the date of the termination.	3901.041. 3905.79	No, general rulemaking authority	No, general rulemaking authority
3901-3-10	(D)	Shall	An insurer shall immediately notify the superintendent of insurance when it terminates the appointment of a managing general agent and such termination shall be effective on the date it is received by the department.	3901.041. 3905.79	No, general rulemaking authority	No, general rulemaking authority
3901-3-10	(E)	Shall	Every licensed managing general agent shall notify the superintendent in writing of any change in their business or residence address within thirty days of the change.	3901.041. 3905.79	No, general rulemaking authority	No, general rulemaking authority
3901-3-10	(E)	Shall	Every licensed managing general agent shall notify the superintendent in writing of any change in their business or residence address within thirty days of the change. This change of address shall be made on a form provided by the superintendent of insurance, and merely placing the new address on correspondence or filings with the department without filing a change of address notice is not sufficient to comply with this requirement.	3901.041. 3905.79	No, general rulemaking authority	No, general rulemaking authority
3901-3-10	(F)	Shall	Failure to comply with any requirements set out in this rule shall be grounds for the revocation or suspension of a managing general agent license.	3901.041. 3905.79	No, general rulemaking authority	No, general rulemaking authority
3901-3-10	(G)	Shall Not	If any section, term or provision of this rule is adjudged invalid for any reason, such judgment shall not affect, impair or invalidate any other section, term or provision of this rule, but the remaining sections, terms and provisions shall be and continue in full force and effect.	3901.041. 3905.79	No, general rulemaking authority	No, general rulemaking authority
3901-3-12	(C)(1)	Shall	The insurer shall submit a derivative use plan, or amendment thereto, to the superintendent.	3906.12, 3907.14, 3925.08	Yes, state law	Yes, state law
3901-3-12	(C)(1)	Shall	The insurer shall submit a derivative use plan, or amendment thereto, to thesuperintendent. The derivative use plan or the amendment thereto will be referred to as "the plan" hereinafter. The filing shall include a certified copy of the authorization by the insurer's board of directors, or a committee thereof charged with the responsibility for supervising investments, pursuant to sections 3906.12, 3907.14 and 3925.08 of the Revised Code.	3906.12, 3907.14, 3925.08	No, general rulemaking authority	No, general rulemaking authority

3901-3-12	(C)(1)	Shall	The insurer shall submit a derivative use plan, or amendment thereto, to the superintendent. The derivative use plan or the amendment thereto will be referred to as "the plan" hereinafter. The filing shall include a certified copy of the authorization by the insurer's board of directors, or a committee thereof charged with the responsibility for supervising investments, pursuant to sections 3906.12, 3907.14 and 3925.08 of the Revised Code. When submitting its plan, the insurer shall also provide to the superintendent: (a) In the event the plan is adopted by a committee of the insurer's board of directors, information with respect to the composition, in terms of title and position, of such committee; and (b) The name and title of the senior most investment person responsible for derivative transactions; a description of his or her duties and responsibilities, as well as a curriculum vitae or equivalent document. Such information shall be updated and provided to the superintendent as changes occur.	3906.12, 3907.14, 3925.08	No, general rulemaking authority	No, general rulemaking authority
3901-3-12	(C)(2)	Shall	The plan shall contain written guidelines to be followed in engaging in derivative transactions. The guidelines shall include or address: (a)The type, maturity and diversification of derivative instruments; (b)The limitation on counterparty exposures, including limitations based on credit ratings; (c)The limitations on the use of derivatives; (d)Asset/liability management practices with respect to derivative transactions; (e)The liquidity needs and the company's capital and surplus as it relates to the derivative use plan; (f)The policy objectives of management specific enough to outline permissible derivative strategies; (g)The relationship of the derivative strategies to the insurer's operations; (h)A requirement that management establishes and executes management oversight standards as required by paragraph (D) of this rule and a description of these standards; (i)A requirement that management establishes and executes internal controls and reporting standards as required by paragraph (E) of this rule and a description of these standards; and (j)A requirement that management establishes and executes documentation and reporting standards as required by paragraph (F) of this rule and a description of these standards.	3906.12, 3907.14, 3925.08	No, general rulemaking authority	No, general rulemaking authority
3901-3-12	(C)(3)	Shall	The plan shall contain, to the extent applicable to the specific derivative transactions authorized, guidelines for the insurer's acceptable levels of basis risk, credit risk, foreign currency risk, interest rate risk, market risk, operational risk and option risk. The plan shall also provide that the board of directors, or a committee thereof charged with the responsibility for supervising investments, and senior management shall comply with risk oversight functions and adhere to laws, rules, regulations, prescribed practices or ethical standards.	3906.12, 3907.14, 3925.08	No, general rulemaking authority	No, general rulemaking authority

3901-3-12	(D)(1)	Shall	In order to address the need for appropriate oversight by senior management and by the board of directors, or a committee thereof charged with the responsibility for supervising investments, and to provide for a comprehensive risk management process for derivative instruments, an insurer shall establish the following with respect to derivative transactions: (a) Appropriate limits for various identified risks relevant to the derivative transactions used by the insurer; (b) Procedures and practices that control the nature and amount of such risks; (c) Adequate systems or processes for identifying and measuring such risks; (d) Systems or processes for documenting, monitoring and reporting risk exposures on a timely basis; and (e) Systems or processes of internal review and audit to ensure the integrity of the overall risk management process.	3906.12, 3907.14, 3925.08	No, general rulemaking authority	No, general rulemaking authority
3901-3-12	(D)(2)	Shall	The board of directors, or a committee thereof charged with the responsibility for supervising investments, shall receive and review quarterly reports which shall include: (a) Information to ascertain that all derivative transactions have been made in accordance with delegations, standards, limitations and investment objectives contained in the derivative use plan; (b) The outstanding derivative positions; the unrealized gains or losses thereon; (c) The derivative transactions closed during the report period; (d) A performance review of the derivative transactions; (e) An evaluation of the risks and benefits of the derivative transactions; and (f) Other information necessary to ensure that the internal control procedures are being followed.	3906.12, 3907.14, 3925.08	No, general rulemaking authority	No, general rulemaking authority

3901-3-12	(D)(3)	Shall	The board of directors, or a committee thereof charged with the responsibility for supervising investments, shall establish the following management oversight standards for derivative transactions: (a) The board of directors, or a committee thereof charged with the responsibility for supervising investments, has an affirmative obligation to prior approve its desired risk tolerance levels. Management shall appropriately translate these risk tolerance levels into effective policies and procedures that address both individual transactions and entire portfolios; (b) Management and the board of directors, or a committee thereof charged with the responsibility for supervising investments, shall receive sufficient information to assess the strengths and limitations of the insurer's risk measurement systems in order to determine appropriate risk limits. The board of directors, or a committee thereof charged with the responsibility for supervising investments, shall also review management's response to strengths and limitations identified through oversight processes such as stress testing, independent validation and back-testing of risk measurement models. Management and the board of directors, or a committee thereof charged with the responsibility for supervising investments, shall consider the information identified by the oversight processes, including the potential for indirect effects of downside performance beyond the insurer's finances, when they determine and communicate their risk profile; (c) When management or the board of directors, or a	3906.12, 3907.14, 3925.08	No, general rulemaking authority	No, general rulemaking authority
3901-3-12	(E)	Shall	(E) Internal controls and reporting Before engaging in derivative transactions, an insurer shall establish adequate internal control procedures to deal with derivatives, which shall include but not be limited to: (1) Systems or processes for periodic valuation of derivative transactions including mechanisms for compensating for any lack of independence in valuing trading positions; (2) Systems or processes for determining whether a derivative instrument used for hedging has been effective; (3) Credit risk management systems or processes for over-the-counter derivative transactions that measure credit risk exposure using the counterparty exposure amount and clearly articulated policies for the establishment of collateral arrangements with counterparties; (4) A determination of whether the insurer has adequate professional personnel, technical expertise and systems to implement and control investment practices involving derivatives; (5) Systems or processes for regular reports to management, segregation of duties and internal review procedures; and (6) Systems or procedures for conducting initial and ongoing legal review of derivative transactions including assessments of contract enforceability.	3906.12, 3907.14, 3925.08	No, general rulemaking authority	No, general rulemaking authority

3901-3-12	(F)	Shall	(F) Documentation and reporting requirements: The insurer shall maintain documentation and records relating to each derivative transaction including: (1) The purpose or purposes of the transaction; (2) The assets or liabilities (or portfolios thereof) to which the transaction relates; (3) The specific derivative instruments used in the transaction; (4) For over-the-counter derivative transactions, the name of the counterparty, and counterparty exposure amount; and (5) For exchange-traded derivative instruments, the name of the exchange and the name of the firm handling the trade.	3906.12, 3907.14, 3925.08	No, general rulemaking authority	No, general rulemaking authority
3901-3-12	(G)	Shall Not	(G)Severability If any paragraph, term or provision ofthis rule is adjudged invalid for any reason, the judgment shall not affect,impair or invalidate any other paragraph, term or provision of this rule, butthe remaining paragraphs, terms and provisions shall be and continue in fullforce and effect.	3906.12, 3907.14, 3925.08	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(C)(1)	Shall	"These standards establish a minimum reserve standard for all individual and group health insurance coverages including single premium credit disability insurance. When an insurer determines that adequacy of its health insurance reserves requires reserves in excess of the minimum standards specified herein, such increased reserves shall be held and shall be considered the minimum reserves for that insurer."	R.C. 3901.041	Yes, state law	Yes, state law
3901-3-13	(C)(2)	Other - requires an action	(2) With respect to any block of contracts, or with respect to an insurer's health business as a whole, a prospective gross premium valuation is the ultimate test of reserve adequacy as of a given valuation date. Such a gross premium valuation will take into account, for contracts in force, in a claims status, or in a continuation of benefits status on the valuation date, the present value as of the valuation date of: all expected benefits unpaid, all expected expenses unpaid, and all unearned or expected premiums, adjusted for future premium increases reasonably expected to be put into effect.	R.C. 3901.041	Yes, state law	Yes, state law
3901-3-13	(C)(3)	Other - requires an action	(3) Such a gross premium valuation is to be performed whenever a significant doubt exists as to reserve adequacy with respect to any major block of contracts, or with respect to the insurer's health business as a whole. In the event inadequacy is found to exist, immediate loss recognition shall be made and the reserves restored to adequacy. Adequate reserves (inclusive of claim, premium and contract reserves, if any) shall be held with respect to all contracts, regardless of whether contract reserves are required for such contracts under these standards.	R.C. 3901.041	Yes, state law	Yes, state law

3901-3-13	(C)(3)	Shall	(3) Such a gross premium valuation is to be performed whenever a significant doubt exists as to reserve adequacy with respect to any major block of contracts, or with respect to the insurer's health business as a whole. In the event inadequacy is found to exist, immediate loss recognition shall be made and the reserves restored to adequacy. Adequate reserves (inclusive of claim, premium and contract reserves, if any) shall be held with respect to all contracts, regardless of whether contract reserves are required for such contracts under these standards.	R.C. 3901.041	Yes, state law	Yes, state law
3901-3-13	(C)(3)	Shall	(3) Such a gross premium valuation is to be performed whenever a significant doubt exists as to reserve adequacy with respect to any major block of contracts, or with respect to the insurer's health business as a whole. In the event inadequacy is found to exist, immediate loss recognition shall be made and the reserves restored to adequacy. Adequate reserves (inclusive of claim, premium and contract reserves, if any) shall be held with respect to all contracts, regardless of whether contract reserves are required for such contracts under these standards.	R.C. 3901.041	Yes, state law	Yes, state law
3901-3-13	(C)(4)	Other - requires an action	(4) Whenever minimum reserves, as defined in these standards, exceed reserve requirements as determined by a prospective gross premium valuation, such minimum reserves remain the minimum requirement under these standards.	R.C. 3901.041	Yes, state law	Yes, state law
3901-3-13	(D)(2)	Must	(2) "Claims accrued" means that portion of claims incurred on or prior to the valuation date which result in liability of the insurer for the payment of benefits for medical services which have been rendered on or prior to the valuation date, and for the payment of benefits for days of hospitalization and days of disability which have occurred on or prior to the valuation date, which the insurer has not paid as of the valuation date, but for which it is liable, and will have to pay after the valuation date. This liability is sometimes referred to as a liability for "accrued" benefits. A claim reserve, which represents an estimate of this accrued claim liability, must be established.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(D)(4)	Must	(4) "Claims unaccrued" means that portion of claims incurred on or prior to the valuation date which result in liability of the insurer for the payment of benefits for medical services expected to be rendered after the valuation date, and for benefits expected to be payable for days of hospitalization and days of disability occurring after the valuation date. This liability is sometimes referred to as a liability for unaccrued benefits. A claim reserve, which represents an estimate of the unaccrued claim payments expected to be made (which may or may not be discounted with interest), must be established.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(D)(11)	Shall Not	Long-term care insurance shall not include any insurance policy which is offered primarily to provide basic Medicare supplement coverage, basic hospital expense coverage, basic medical-surgical expense coverage, hospital confinement indemnity coverage, major medical expense coverage, disability income or related asset-protection coverage, accident only coverage, specified disease or specified accident coverage, or limited benefit health coverage	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(E)(1)(a)	Require	Claim reserves are required for all incurred but unpaid claims on all health insurance policies.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(E)(1)(b)	Require	Appropriate claim expense reserves are required with respect to the estimated expense of settlement of all incurred but unpaid claims.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(E)(1)(c)	Other - requires an action	(c) All such reserves for prior valuation years are to be tested for adequacy and reasonableness along the lines of claim runoff schedules in accordance with the statutory financial statement including consideration of any residual unpaid liability.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(E)(2)(a)(ii)(a)	Other - requires an action	(a) For individual disability income claims incurred on or after January 1, 2005, assumptions regarding claim termination rates for the period less than two years from the date of disablement may be based on the insurer's experience, if such experience is considered credible, or upon other assumptions designed to place a sound value on the liabilities.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(E)(2)(a)(ii)(b)(*i*)	Other - requires an action	(b) For group disability income claims incurred on or after January 1, 2005: (i) Assumptions regarding claim termination rates for the period less than two years from the date of disablement may be based on the insurer's experience, if the experience is considered credible, or upon other assumptions designed to place a sound value on the liabilities.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(E)(2)(a)(ii)(b)(*ii*)	Other - requires an action	(b) For group disability income claims incurred on or after January 1, 2005: (ii) Assumptions regarding claim termination rates for the period two or more years but less than five years from the date of disablement may, with the approval of the superintendent, be based on the insurer's experience for which the insurer maintains underwriting and claim administration control. The request for such approval of a plan of modification to the reserve basis must include: (A) An analysis of the credibility of the experience; (B) A description of how all of the insurer's experience is proposed to be used in setting reserves; (C) A description and quantification of the margins to be included; (D) A summary of the financial impact that the proposed plan of modification would have had on the insurer's last filed annual statement; (E) A copy of the approval of the proposed plan of modification by the superintendent of the state of domicile; and (F) Any other information deemed necessary by the superintendent.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(E)(2)(a)(ii)(b)(*ii*)	Must	(b) For group disability income claims incurred on or after January 1, 2005: (ii) Assumptions regarding claim termination rates for the period two or more years but less than five years from the date of disablement may, with the approval of the superintendent, be based on the insurer's experience for which the insurer maintains underwriting and claim administration control. The request for such approval of a plan of modification to the reserve basis must include: (A) An analysis of the credibility of the experience; (B) A description of how all of the insurer's experience is proposed to be used in setting reserves; (C) A description and quantification of the margins to be included; (D) A summary of the financial impact that the proposed plan of modification would have had on the insurer's last filed annual statement; (E) A copy of the approval of the proposed plan of modification by the superintendent of the state of domicile; and (F) Any other information deemed necessary by the superintendent.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(E)(2)(a)(ii)(c)	Other - requires an action	(c) For disability income claims incurred prior to January 1, 2005 each insurer may elect which of the following to use as the minimum morbidity standard for claim reserves: (i) The minimum morbidity standard in effect for claim reserves as of the date of the claim was incurred, or (ii) The standards as defined in paragraphs (E)(2)(a)(ii)(a) and (E)(2)(a)(ii)(b) of this rule, applied to all open claims. Once an insurer elects to calculate reserves for all open claims on the standard defined in paragraphs (E)(2)(a)(ii)(a) and (E)(2)(a)(ii)(b) of this rule, all future valuations must be on that basis. (iii) Duration of disablement. For contracts with an elimination period, the duration of disablement should be measured as dating from the time that benefits would have begun to accrue had there been no elimination period.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(E)(3)	Other - requires an action	A generally accepted actuarial reserving method or other reasonable method as approved by the superintendent prior to the statement date based on information and data describing the proposed method, or a combination of methods may be used to estimate all claim liabilities. The methods used for estimating liabilities generally may be aggregate methods, or various reserve items may be separately valued. Approximations based on groupings and averages may also be employed. Adequacy of the claim reserves, however, shall be determined in the aggregate.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(E)(3)	Must	A generally accepted actuarial reserving method or other reasonable method as approved by the superintendent prior to the statement date based on information and data describing the proposed method, or a combination of methods may be used to estimate all claim liabilities. The methods used for estimating liabilities generally may be aggregate methods, or various reserve items may be separately valued. Approximations based on groupings and averages may also be employed. Adequacy of the claim reserves, however, shall be determined in the aggregate.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(F)(1)(a)	Require	"Unearned premium reserves are required for all contracts, except individual and group single premium credit disability insurance, with respect to the period of coverage for which premiums, other than premiums paid in advance, have been paid beyond the date of valuation."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(F)(1)(b)	Must	If premiums due and unpaid are carried as an asset, such premiums must be treated as premiums in force, subject to unearned premium reserve determination	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(F)(1)(c)	Shall	(c) The gross premiums paid in advance for a period of coverage commencing after the next premium due date which follows the date of valuation may be appropriately discounted to the valuation date and shall be held either as a separate liability or as an addition to the unearned premium reserve which would otherwise be required as a minimum.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(F)(2)(a)	Other - requires an action	(a) The minimum unearned premium reserve with respect to any contract is the pro rata unearned modal premium that applies to the premium period beyond the valuation date, with such premium determined on the basis of: (i) The valuation net modal premium on the contract reserve basis applying to the contract; or (ii) The gross modal premium for the contract if no contract reserve applies.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(F)(2)(b)	Other - prohibits an action	(b) In no event may the sum of the unearned premium and contract reserves for all contracts of the insurer subject to contract reserve requirements be less than the gross modal unearned premium reserve on all such contracts, as of the date of valuation. Such reserve shall never be less than the expected claims for the period beyond the valuation date represented by such unearned premium reserve, to the extent not provided for elsewhere.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(F)(2)(b)	Other - prohibits an action	(b) In no event may the sum of the unearned premium and contract reserves for all contracts of the insurer subject to contract reserve requirements be less than the gross modal unearned premium reserve on all such contracts, as of the date of valuation. Such reserve shall never be less than the expected claims for the period beyond the valuation date represented by such unearned premium reserve, to the extent not provided for elsewhere.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(1)(a)	Require	(a) Contract reserves are required, unless otherwise specified in paragraph (G)(1)(b) of this rule for: (i) All individual and group contracts with which level premiums are used; or (ii) All individual and group contracts with respect to which, due to the gross premium pricing structure at issue, the value of the future benefits at any time exceeds the value of any appropriate future valuation net premiums at that time. This evaluation may be applied on a rating block basis if the total premiums for the block were developed to support the total risk assumed and expected expenses for the block each year, and a qualified actuary certifies the premium development. The actuary should state in the certification that premiums for the rating block were developed such that each year's premium was intended to cover that year's costs without any prefunding. If the premium is also intended to recover costs for any prior years, the actuary should also disclose the reasons for and magnitude of such recovery. The values specified in paragraph (G)(1)(a)(ii) of this rule shall be determined on the basis specified in paragraph (G)(2) of this rule.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(G)(1)(a)(ii)	Require	(a) Contract reserves are required, unless otherwise specified in paragraph (G)(1)(b) of this rule for: (i) All individual and group contracts with which level premiums are used; or (ii) All individual and group contracts with respect to which, due to the gross premium pricing structure at issue, the value of the future benefits at any time exceeds the value of any appropriate future valuation net premiums at that time. This evaluation may be applied on a rating block basis if the total premiums for the block were developed to support the total risk assumed and expected expenses for the block each year, and a qualified actuary certifies the premium development. The actuary should state in the certification that premiums for the rating block were developed such that each year's premium was intended to cover that year's costs without any prefunding. If the premium is also intended to recover costs for any prior years, the actuary should also disclose the reasons for and magnitude of such recovery. The values specified in paragraph (G)(1)(a)(ii) of this rule shall be determined on the basis specified in paragraph (G)(2) of this rule.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(1)(d)	Must	(d) The methods and procedures for contract reserves should be consistent with those for claim reserves for any contract, or else appropriate adjustment must be made when necessary to assure provision for the aggregate liability. The definition of the date of incurral must be the same in both determinations.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(1)(e)	Other - prohibits an action	(e) The contract reserves for single premium credit disability insurance shall never be less than the expected claims for the period beyond the valuation date.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(1)(f)	Shall	(f) The total contract reserve established shall incorporate provisions for moderately adverse deviations.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(2)(a)(i)	Must	(i) Morbidity or other contingency. Minimum standards with respect to morbidity are those set forth in paragraph (I) of this rule. Valuation net premiums used under each contract must have a structure consistent with the gross premium structure at issue of the contract as this relates to advancing age of insured, contract duration and period for which gross premiums have been calculated. Contracts for which tabular morbidity standards are not specified in paragraph (I) of this rule shall be valued using tables established for reserve purposes by a qualified actuary and acceptable to the superintendent. The morbidity tables shall contain a pattern for incurred claims cost that reflects the underlying morbidity and shall not be constructed for the primary purpose of minimizing reserves.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(G)(2)(a)(i)	Shall	(i) Morbidity or other contingency. Minimum standards with respect to morbidity are those set forth in paragraph (I) of this rule. Valuation net premiums used under each contract must have a structure consistent with the gross premium structure at issue of the contract as this relates to advancing age of insured, contract duration and period for which gross premiums have been calculated. Contracts for which tabular morbidity standards are not specified in paragraph (I) of this rule shall be valued using tables established for reserve purposes by a qualified actuary and acceptable to the superintendent. The morbidity tables shall contain a pattern for incurred claims cost that reflects the underlying morbidity and shall not be constructed for the primary purpose of minimizing reserves.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(2)(a)(i)	Shall	(i) Morbidity or other contingency. Minimum standards with respect to morbidity are those set forth in paragraph (I) of this rule. Valuation net premiums used under each contract must have a structure consistent with the gross premium structure at issue of the contract as this relates to advancing age of insured, contract duration and period for which gross premiums have been calculated. Contracts for which tabular morbidity standards are not specified in paragraph (I) of this rule shall be valued using tables established for reserve purposes by a qualified actuary and acceptable to the superintendent. The morbidity tables shall contain a pattern for incurred claims cost that reflects the underlying morbidity and shall not be constructed for the primary purpose of minimizing reserves.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(2)(a)(i)(a)	Shall	(a) In determining the morbidity assumptions, the actuary shall use assumptions that represent the best estimate of anticipated future experience, but shall not incorporate any expectation of future morbidity improvement. Morbidity improvement is a change, in the combined effect of claim frequency and the present value of future expected claim payments given that a claim has occurred, from the current morbidity tables or experience that will result in a reduction to reserves. It is not the intent of this provision to restrict the ability of the actuary to reflect the morbidity impact for a specific known event that has occurred and that is able to be evaluated and quantified.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(2)(a)(i)(a)	Shall Not	(a) In determining the morbidity assumptions, the actuary shall use assumptions that represent the best estimate of anticipated future experience, but shall not incorporate any expectation of future morbidity improvement. Morbidity improvement is a change, in the combined effect of claim frequency and the present value of future expected claim payments given that a claim has occurred, from the current morbidity tables or experience that will result in a reduction to reserves. It is not the intent of this provision to restrict the ability of the actuary to reflect the morbidity impact for a specific known event that has occurred and that is able to be evaluated and quantified.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(G)(2)(a)(iii)	Shall	(iii) Termination rates. Termination rates used in the computation of reserves shall be on the basis of a mortality table as specified in paragraph (I) of this rule except as noted in paragraphs (G)(2)(a)(iii)(a), (G)(2)(a)(iii)(b), and (G)(2)(a)(iii)(c) of this rule	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(2)(a)(iii)(a)	Other - requires an action	(a) Under contracts for which premium rates are not guaranteed, and where the effects of insurer underwriting are specifically used by policy duration in the valuation morbidity standard or for return of premium or other deferred cash benefits, total termination rates may be used at ages and durations where these exceed specified mortality table rates, but not in excess of the lesser of: (i) Eighty per cent of the total termination rate used in the calculation of the gross premiums, or (ii) Eight per cent.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(2)(a)(iii)(b)	Other - prohibits an action	(b) For long-term care individual policies or group certificates issued after December 31, 2003, the contract reserve may be established on a basis of separate: (i) Mortality (as specified in paragraph (I) of this rule); and (ii) Terminations other than mortality, where the terminations are not to exceed: (A) For policy years one through four, the lesser of eighty per cent of the voluntary lapse rate used in the calculation of gross premiums and eight per cent; (B) For policy years five and later, the lesser of one hundred per cent of the voluntary lapse rate used in the calculation of gross premiums and four per cent.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(2)(a)(iii)(c)	Other - prohibits an action	(c) For long-term care individual policies or group certificates issued on or after January 1, 2011, the contract reserve may be established on a basis of separate: (i) Mortality (as specified in paragraph (I) of this rule); and (ii) Terminations other than mortality, where the terminations are not to exceed; (A) For policy year one, the lesser of eighty per cent of the voluntary lapse rate used in the calculation of gross premiums and six per cent; (B) For policy year two through four, the lesser of eighty per cent of the voluntary lapse rate used in the calculation of gross premiums and four per cent; (C) For policy year five and later, the lesser of one hundred per cent of the voluntary lapse rate used in the calculation of gross premiums and two per cent, except for group insurance as defined in section 3923.41 of the Revised Code where the two per cent shall be three per cent.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(2)(a)(iii)(d)	Must	(d) Where a morbidity standard specified in paragraph (I) of this rule is on an aggregate basis, such morbidity standard may be adjusted to reflect the effect of insurer underwriting by policy duration. The adjustments must be appropriate to the underwriting and be acceptable to the superintendent.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(2)(b)(i)	Other - requires an action	(i) For insurance except long-term care and return of premium or other deferred cash benefits, the minimum reserve is the reserve calculated on the two-year full preliminary term method; that is, under which the terminal reserve is zero at the first and also the second contract anniversary.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(G)(2)(b)(ii)	Other - requires an action	(ii) For long-term care insurance, the minimum reserve is the reserve calculated as follows: (a) For individual policies and group certificates issued on or before December 31, 1996, reserves calculated on the two-year full preliminary term method; (b) For individual policies and group certificates issued on or after January 1, 1997, reserves calculated on the one-year full preliminary term method.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(2)(b)(iii)	Other - requires an action	(iii) For return of premium or other deferred cash benefits, the minimum reserve is the reserve calculated as follows: (a) On the one year preliminary term method if such benefits are provided at any time before the twentieth anniversary; (b) On the two year preliminary term method if such benefits are only provided on or after the twentieth anniversary. The preliminary term method may be applied only in relation to the date of issue of a contract. Reserve adjustments introduced later, as a result of rate increases, revisions in assumptions (e.g., projected inflation rates) or for other reasons, are to be applied immediately as of the effective date of adoption of the adjusted basis.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(2)(c)	May Not	(c) Negative reserves. Negative reserves on any benefit may be offset against positive reserves for other benefits in the same contract, but the total contract reserve with respect to all benefits combined may not be less than zero.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(2)(d)	Shall Not	(d) Nonforfeiture benefits for long-term care insurance. The contract reserve on a policy basis shall not be less than the net single premium for the nonforfeiture benefits at the appropriate policy duration, where the net single premium is computed according to the above specifications.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(4)	Shall	Annually, an appropriate review shall be made of the insurer's prospective contract liabilities on contracts valued by tabular reserves, to determine the continuing adequacy and reasonableness of the tabular reserves giving consideration to future gross premiums. The insurer shall make appropriate increments to such tabular reserves if such tests indicate that the basis of such reserves is no longer adequate; subject, however, to the minimum standards of paragraph (G)(2) of this rule. In the event a company has a contract or a group of related similar contracts, for which future gross premiums will be restricted by contract, insurance department regulations, or for other reasons, such that the future gross premiums reduced by expenses for administration, commissions, and taxes will be insufficient to cover future claims, the company shall establish contract reserves for such shortfall in the aggregate.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(G)(4)	Shall	Annually, an appropriate review shall be made of the insurer's prospective contract liabilities on contracts valued by tabular reserves, to determine the continuing adequacy and reasonableness of the tabular reserves giving consideration to future gross premiums. The insurer shall make appropriate increments to such tabular reserves if such tests indicate that the basis of such reserves is no longer adequate; subject, however, to the minimum standards of paragraph (G)(2) of this rule. In the event a company has a contract or a group of related similar contracts, for which future gross premiums will be restricted by contract, insurance department regulations, or for other reasons, such that the future gross premiums reduced by expenses for administration, commissions, and taxes will be insufficient to cover future claims, the company shall establish contract reserves for such shortfall in the aggregate.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(G)(4)	Shall	Annually, an appropriate review shall be made of the insurer's prospective contract liabilities on contracts valued by tabular reserves, to determine the continuing adequacy and reasonableness of the tabular reserves giving consideration to future gross premiums. The insurer shall make appropriate increments to such tabular reserves if such tests indicate that the basis of such reserves is no longer adequate; subject, however, to the minimum standards of paragraph (G)(2) of this rule. In the event a company has a contract or a group of related similar contracts, for which future gross premiums will be restricted by contract, insurance department regulations, or for other reasons, such that the future gross premiums reduced by expenses for administration, commissions, and taxes will be insufficient to cover future claims, the company shall establish contract reserves for such shortfall in the aggregate.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(H)	Must	(H) Reinsurance, Increases to, or credits against reserves carried, arising because of reinsurance assumed or reinsurance ceded, must be determined in a manner consistent with these minimum reserve standards and with all applicable provisions of the reinsurance contracts which affect the insurer's liabilities.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(I)(1)(a)(i)(a)	Other - requires an action	(a) Minimum morbidity standards for valuation of specified individual contract health insurance benefits are as follows: (i) Disability income benefits due to accident or sickness. (a) Contract reserves: Contracts issued on or after January 1, 1965 and prior to January 1, 1992: The 1964 commissioners disability table (64CDT). Contracts issued on or after January 1, 1992: The 1985 commissioners individual disability tables A (85CIDA); or The 1985 commissioners individual disability tables B (85CIDB). Contracts issued during 1987 through 1991: Optional use of either the 1964 Table or the 1985 Tables. Each insurer shall elect, with respect to all individual contracts issued in any one statement year, whether it will use Tables A or Tables B as the minimum standard. The insurer may, however, elect to use the other tables with respect to any subsequent statement year.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(1)(a)(i)(a)	Other - requires an action	(a) Minimum morbidity standards for valuation of specified individual contract health insurance benefits are as follows: (i) Disability income benefits due to accident or sickness. (a) Contract reserves: Contracts issued on or after January 1, 1965 and prior to January 1, 1992: The 1964 commissioners disability table (64CDT). Contracts issued on or after January 1, 1992: The 1985 commissioners individual disability tables A (85CIDA); or The 1985 commissioners individual disability tables B (85CIDB). Contracts issued during 1987 through 1991: Optional use of either the 1964 Table or the 1985 Tables. Each insurer shall elect, with respect to all individual contracts issued in any one statement year, whether it will use Tables A or Tables B as the minimum standard. The insurer may, however, elect to use the other tables with respect to any subsequent statement year.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(I)(1)(a)(i)(*b*)(*i*)	Other - requires an action	(a) Minimum morbidity standards for valuation of specified individual contract health insurance benefits are as follows: (i) Disability income benefits due to accident or sickness. (b) Claim reserves: (i) For claims incurred on or after January 1, 2004: The 1985 "Commissioners Individual Disability Table A" (85CIDA) with claim termination rates multiplied by the following adjustment factors: *...[Adustment Factor Table]...* *The adjusted termination rates derived from the application of the adjustment factors to the "DTS Valuation Table" termination rates shown in exhibits 3a, 3b, 3c, 4, and 5 ("Transactions of the Society of Actuaries" (TSA) XXXVII, pages 457 to 463) is displayed. The adjustment factors for age, elimination period, class, sex, and cause displayed in exhibits 3a, 3b, 3c, and 4 should be applied to the adjusted termination rates shown in this table. **Applicable "DTS Valuation Table" duration rate from exhibits 3c and 4 (TSA XXXVII, pages 462 to 463). The 85CIDA table so adjusted for the computation of claim reserves shall be known as 85CIDC (The 1985 "Commissioners Individual Disability Table C").	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(1)(a)(i)(*b*)(*i*)	Shall	(a) Minimum morbidity standards for valuation of specified individual contract health insurance benefits are as follows: (i) Disability income benefits due to accident or sickness. (b) Claim reserves: (i) For claims incurred on or after January 1, 2004: The 1985 "Commissioners Individual Disability Table A" (85CIDA) with claim termination rates multiplied by the following adjustment factors: *...[Adustment Factor Table]...* *The adjusted termination rates derived from the application of the adjustment factors to the "DTS Valuation Table" termination rates shown in exhibits 3a, 3b, 3c, 4, and 5 ("Transactions of the Society of Actuaries" (TSA) XXXVII, pages 457 to 463) is displayed. The adjustment factors for age, elimination period, class, sex, and cause displayed in exhibits 3a, 3b, 3c, and 4 should be applied to the adjusted termination rates shown in this table. **Applicable "DTS Valuation Table" duration rate from exhibits 3c and 4 (TSA XXXVII, pages 462 to 463). The 85CIDA table so adjusted for the computation of claim reserves shall be known as 85CIDC (The 1985 "Commissioners Individual Disability Table C").	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(I)(1)(a)(i)(*b*)(*ii*)	Other - requires an action	(a) Minimum morbidity standards for valuation of specified individual contract health insurance benefits are as follows: (i) Disability income benefits due to accident or sickness. (b) Claim reserves: (ii) For claims incurred prior to January 1, 2004: Each insurer may elect which of the following to use as the minimum standard for claims incurred prior to January 1, 2004: (A) The minimum morbidity standard in effect for contract reserves on currently issued contracts, as of the date the claim is incurred, or (B) The standard as defined in paragraph (I)(1)(a)(i)(b)(i) of this rule, applied to all open claims. (C) Once an insurer elects to calculate reserves for all open claims on the standard defined in paragraph (I)(1)(a)(i)(b)(i) of this rule, all future valuations must be on that basis.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(1)(a)(i)(*b*)(*ii*)	Must	(a) Minimum morbidity standards for valuation of specified individual contract health insurance benefits are as follows: (i) Disability income benefits due to accident or sickness. (b) Claim reserves: (ii) For claims incurred prior to January 1, 2004: Each insurer may elect which of the following to use as the minimum standard for claims incurred prior to January 1, 2004: (A) The minimum morbidity standard in effect for contract reserves on currently issued contracts, as of the date the claim is incurred, or (B) The standard as defined in paragraph (I)(1)(a)(i)(b)(i) of this rule, applied to all open claims. (C) Once an insurer elects to calculate reserves for all open claims on the standard defined in paragraph (I)(1)(a)(i)(b)(i) of this rule, all future valuations must be on that basis.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(1)(a)(ii)	Other - requires an action	(a) Minimum morbidity standards for valuation of specified individual contract health insurance benefits are as follows: (ii) Hospital benefits, surgical benefits and maternity benefits (scheduled benefits or fixed time period benefits only). (a) Contract reserves: Contracts issued on or after January 1, 1955, and before January 1, 1982: The 1956 intercompany hospital-surgical tables. Contracts issued on or after January 1, 1982: The 1974 medical expense tables, Table A, "Transactions of the Society of Actuaries", Volume XXX, pg. 63. Refer to the paper (in the same volume, pg. 9) to which this table is appended, including its discussions, for methods of adjustment for benefits not directly valued in Table A: "Development of the 1974 Medical Expense Benefits," Houghton and Wolf. (b) Claim reserves: No specific standard. See paragraph (I)(1)(a)(vi) of this rule.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(I)(1)(a)(iii)	Other - requires an action	(a) Minimum morbidity standards for valuation of specified individual contract health insurance benefits are as follows: (iii) Cancer expense benefits (scheduled benefits or fixed time period benefits only.) (a) Contract reserves: Contract issued on or after January 1, 1986: The 1985 NAIC Cancer claim cost tables. (b) Claim reserves: No specific standard. See paragraph (I)(1)(a)(vi) of this rule.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(1)(a)(iv)	Other - requires an action	(a) Minimum morbidity standards for valuation of specified individual contract health insurance benefits are as follows: (iv) Accidental death benefits. (a) Contract reserves: Contracts issued on or after January 1, 1965: The 1959 accidental death benefits table. (b) Claim reserves: Actual amount incurred.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(1)(a)(v)	Other - requires an action	(a) Minimum morbidity standards for valuation of specified individual contract health insurance benefits are as follows: (v) Single premium credit disability. (*a*) Contract reserves: (*i*) For contracts issued on or after January 1, 2004: (*A*) For plans having less than a thirty-day elimination period, the 1985 "Commissioners Individual Disability Table A" (85CIDA) with claim incidence rates increased by twelve per cent. (*B*) For plans having a thirty-day and greater elimination period, the 85CIDA for a fourteen-day elimination period with the adjustment in paragraph (I)(1)(a)(v)(a)(i)(A) of this rule. (*ii*) For contracts issued prior to January 1, 2004, each insurer may elect either paragraph (I)(1)(a)(v)(a)(ii)(A) or paragraph (I)(1)(a)(v)(a)(ii) (B) of this rule to use as the minimum standard. Once an insurer elects to calculate reserves for all contracts on the standard defined in paragraph (I)(1)(a)(v)(a)(i) of this rule, all future valuations must be on that basis. (*A*) The minimum morbidity standard in effect for contract reserves on currently issued contracts, as of the date the contract was issued, or (*B*) The standard as defined in paragraph (I)(1)(a)(v)(a)(i) of this rule, applied to all contracts. (*b*) Claim reserves: Claim reserves are to be determined as provided in paragraph	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(1)(a)(vi)	Other - requires an action	(a) Minimum morbidity standards for valuation of specified individual contract health insurance benefits are as follows: (vi) Other individual contract benefits. (a) Contract reserves: For all other individual contract benefits, morbidity assumptions are to be determined as provided in the reserve standards. (b) Claim reserves: For all benefits other than disability, claim reserves are to be determined as provided in the standards.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(I)(1)(b)(i)	Other - requires an action	(b) Minimum morbidity standards for valuation of specified group contract health insurance benefits are as follows: (i) Disability income benefits due to accident or sickness. (a) Contract reserves: Contracts issued prior to January 1, 1992: The same basis, if any, as that employed by the insurer as of January 1, 1992; Contracts issued on or after January 1, 1992: The 1987 commissioners group disability income table (87CGDT). (b) Claim reserves: For claims incurred on or after January 1, 1992: The 1987 commissioners group disability income table (87CGDT); For claims incurred prior to January 1, 1992: Use of the 87CGDT is optional.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(1)(b)(ii)	Other - requires an action	(b) Minimum morbidity standards for valuation of specified group contract health insurance benefits are as follows: (ii) Single premium credit disability (a) Contract reserves: (i) For contracts issued on or after January 1, 2004: (A) For plans having less than a thirty-day elimination period, the 1985 "Commissioners Individual Disability Table A" (85CIDA) with claim incidence rates increased by twelve per cent. (B) For plans having a thirty-day and greater elimination period, the 85CIDA for a fourteen-day elimination period with the adjustment in paragraph (I)(1)(b)(ii)(a)(i)(A) of this rule. (ii) For contracts issued prior to January 1, 2004, each insurer may elect either paragraph (I)(1)(b)(ii)(a)(ii)(A) or paragraph (I)(1)(b)(ii)(a)(ii)(B) of this rule to use as the minimum standard. Once an insurer elects to calculate reserves for all contracts on the standard defined in paragraph (I)(1)(b)(ii)(a)(i) of this rule, all future valuations must be on that basis. (A) The minimum morbidity standard in effect for contract reserves on currently issued contracts, as of the date the contract was issued, or (B) The standard as defined in paragraph (I)(1)(b)(ii)(a)(i) of this rule, applied to all contracts. (b) Claim reserves:	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(1)(b)(iii)	Other - requires an action	(b) Minimum morbidity standards for valuation of specified group contract health insurance benefits are as follows: (iii) Other group contract benefits. (a) Contract reserves: For all other group contract benefits, morbidity assumptions are to be determined as provided in the reserve standards. (b) Claim reserves: For all benefits other than disability, claim reserves are to be determined as provided in the standards.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(I)(2)(a)	Other - requires an action	(a) For contract reserves the maximum interest rate is the maximum rate permitted by law in the valuation of whole life insurance issued on the same date as the health insurance contract.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(2)(b)	Other - requires an action	(b) For claim reserves on policies that require contract reserves, the maximum interest rate is the maximum rate permitted by law in the valuation of whole life insurance issued on the same date as the claim incurral date.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(2)(c)	Other - requires an action	(c) For claim reserves on policies not requiring contract reserves, the maximum interest rate is the maximum rate permitted by law in the valuation of single premium immediate annuities issued on the same date as the claim incurral date, reduced by one hundred basis points.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(3)(a)	Shall	(a)Except as provided in paragraphs(I)(3)(b) and (I)(3)(c) of this rule, the mortality basis used for all policies except long-term care individual policies and group certificates and for long-term care individual policies or group certificates issued before January 1, 2004 shall be according to a table (but without use of selection factors) permitted by law for the valuation of whole life insurance issued on the same date as the health insurance contract. For long-term care insurance individual policies or group certificates issued on or after January 1, 2004, the mortality basis used shall be the "1983 Group Annuity Mortality Table" without projection. For long-term care insurance individual policies or group certificates issued on or after January 1, 2011, the mortality basis used shall be the "1994 Group Annuity Mortality Static Table."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(3)(a)	Shall	(a)Except as provided in paragraphs(I)(3)(b) and (I)(3)(c) of this rule, the mortality basis used for all policies except long-term care individual policies and group certificates and for long-term care individual policies or group certificates issued before January 1, 2004 shall be according to a table (but without use of selection factors) permitted by law for the valuation of whole life insurance issued on the same date as the health insurance contract. For long-term care insurance individual policies or group certificates issued on or after January 1, 2004, the mortality basis used shall be the "1983 Group Annuity Mortality Table" without projection. For long-term care insurance individual policies or group certificates issued on or after January 1, 2011, the mortality basis used shall be the "1994 Group Annuity Mortality Static Table."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(3)(a)	Shall	(a)Except as provided in paragraphs(I)(3)(b) and (I)(3)(c) of this rule, the mortality basis used for all policies except long-term care individual policies and group certificates and for long-term care individual policies or group certificates issued before January 1, 2004 shall be according to a table (but without use of selection factors) permitted by law for the valuation of whole life insurance issued on the same date as the health insurance contract. For long-term care insurance individual policies or group certificates issued on or after January 1, 2004, the mortality basis used shall be the "1983 Group Annuity Mortality Table" without projection. For long-term care insurance individual policies or group certificates issued on or after January 1, 2011, the mortality basis used shall be the "1994 Group Annuity Mortality Static Table."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-3-13	(I)(3)(b)	Other - prohibits an action	(b) Other mortality tables adopted by the "NAIC" and promulgated by the superintendent may be used in the calculation of the minimum reserves if appropriate for the type of benefits and if approved by the superintendent. The request for such approval must include the proposed mortality table and the reason that the standard specified in paragraph (I)(3)(a) of this rule is inappropriate	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(3)(b)	Must	(b) Other mortality tables adopted by the "NAIC" and promulgated by the superintendent may be used in the calculation of the minimum reserves if appropriate for the type of benefits and if approved by the superintendent. The request for such approval must include the proposed mortality table and the reason that the standard specified in paragraph (I)(3)(a) of this rule is inappropriate	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(I)(3)(c)	Other - prohibits an action	(c) For single premium credit insurance using the 85CIDA table, no separate mortality shall be assumed.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-13	(K)	Shall Not	(K)Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms, and provisions shall continue in full force and effect.	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-3-14	(D)	Shall	"Instructions: In preparing a report of its risk based capital for filing with the superintendent of insurance each domestic life company shall comply with the 2009 instructions adopted by the national insurance commissioners which are set forth in appendix A of this rule. "	R.C. 3901.041, 3903.81(M)	No, general rulemaking authority	No, general rulemaking authority
3901-3-14	(E)	Shall Not	"If any paragraph, term or provision of the rule is adjudged invalid for any reason, such judgment shall not affect, impair or invalidate any other paragraph, term or provisions of this rule and remaining paragraphs, term and provisions shall be and shall continue in full force and effect."	R.C. 3901.041, 3903.81(M)	No, general rulemaking authority	No, general rulemaking authority
3901-3-15	(D)	Shall	"Instructions: In preparing a report of its risk based capital for filing with the superintendent of insurance each domestic property and casualty company shall comply with the 2009 instructions adopted by the national insurance commissioners which are set forth in appendix A of this rule. "	R.C. 3901.041, 3903.81(M)	No, general rulemaking authority	No, general rulemaking authority
3901-3-15	(E)	Shall Not	"If any paragraph, term or provision of the rule is adjudged invalid for any reason, such judgment shall not affect, impair or invalidate any other paragraph, term or provisions of this rule and remaining paragraphs, term and provisions shall be and shall continue in full force and effect."	R.C. 3901.041, 3903.81(M)	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(C)	Shall	(C) Credit for reinsurance when reinsurer licensed in this state, Pursuant to division (A)(1) of section 3901.62 of the Revised Code the superintendent shall allow credit for reinsurance ceded by a domestic insurer to assuming insurers which were licensed in this state as of the date of the ceding insurer's statutory financial statement.	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(D)(1)	Shall	(1) Pursuant to division (A)(2) of section 3901.62 of the Revised Code the superintendent shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that is accredited as a reinsurer in this state as of the date on which statutory financial statement credit for reinsurance is claimed. An accredited reinsurer must:	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law

3901-3-16	(D)(1)(a)	Must	(1) Pursuant to division (A)(2) of section 3901.62 of the Revised Code the superintendent shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that is accredited as a reinsurer in this state as of the date on which statutory financial statement credit for reinsurance is claimed. An accredited reinsurer must: (a) File a properly executed form AR-1 (attached as an appendix to this rule) as evidence of its submission to this state's jurisdiction and to this state's authority to examine its books and records;	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(D)(1)(b)	Must	(1) Pursuant to division (A)(2) of section 3901.62 of the Revised Code the superintendent shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that is accredited as a reinsurer in this state as of the date on which statutory financial statement credit for reinsurance is claimed. An accredited reinsurer must: (b) File with the superintendent a certified copy of a certificate of authority or other acceptable evidence that it is licensed to transact insurance or reinsurance in at least one state, or, in the case of a United States branch of an alien assuming insurer, is entered through and licensed to transact insurance or reinsurance in at least one state;	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(D)(1)(c)	Must	(1) Pursuant to division (A)(2) of section 3901.62 of the Revised Code the superintendent shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that is accredited as a reinsurer in this state as of the date on which statutory financial statement credit for reinsurance is claimed. An accredited reinsurer must: (c) File annually with the superintendent a copy of its annual statement filed with the insurance department of its state of domicile or, in the case of an alien assuming insurer, with the state through which it is entered and in which it is licensed to transact insurance or reinsurance, and a copy of its most recent audited financial statement;	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(D)(1)(d)	Must	(1) Pursuant to division (A)(2) of section 3901.62 of the Revised Code the superintendent shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that is accredited as a reinsurer in this state as of the date on which statutory financial statement credit for reinsurance is claimed. An accredited reinsurer must: (d) Maintain a surplus as regards policyholders in an amount not less than twenty million dollars, or obtain the affirmative approval of the superintendent upon a finding that it has adequate financial capacity to meet its reinsurance obligations and is otherwise qualified to assume reinsurance from domestic insurers.	R.C. 3901.041 and R.C. 3901.65	Yes, state law	Yes, state law
3901-3-16	(D)(2)	Shall Not	(2) If the superintendent determines that the assuming insurer has failed to meet or maintain any of these qualifications, the superintendent may upon written notice and opportunity for hearing, suspend or revoke the accreditation. Credit shall not be allowed a domestic ceding insurer under this section if the assuming insurer's accreditation has been revoked by the superintendent, or if the reinsurance was ceded while the assuming insurer's accreditation was under suspension by the superintendent.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(E)(1)	Shall	(1) Pursuant to division (A)(4) of section 3901.62 of the Revised Code, the superintendent shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer which, as of the date of the ceding insurer's statutory financial statement maintains a trust fund in an amount prescribed below in a qualified United States financial institution as defined in division (B)(2) of section 3901.63 of the Revised Code, for the payment of the valid claims of its United States policyholders and ceding insurers, their assigns and successors in interest. The assuming insurer shall report annually to the superintendent substantially the same information as that required to be reported on the national association of insurance commissioners (NAIC) annual statement form by licensed insurers, to enable the superintendent to determine the sufficiency of the trust fund.	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(E)(1)	Shall	(1) Pursuant to division (A)(4) of section 3901.62 of the Revised Code, the superintendent shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer which, as of the date of the ceding insurer's statutory financial statement maintains a trust fund in an amount prescribed below in a qualified United States financial institution as defined in division (B)(2) of section 3901.63 of the Revised Code, for the payment of the valid claims of its United States policyholders and ceding insurers, their assigns and successors in interest. The assuming insurer shall report annually to the superintendent substantially the same information as that required to be reported on the national association of insurance commissioners (NAIC) annual statement form by licensed insurers, to enable the superintendent to determine the sufficiency of the trust fund.	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(E)(2)(a)	Shall	(a) The trust fund for a single assuming insurer shall consist of funds in trust in an amount not less than the assuming insurer's liabilities attributable to business written in the United States, and in addition, a trusteed surplus of not less than twenty million dollars except as provided in paragraph (E)(2)(b) of this rule.	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(E)(2)(b)	Other - requires an action	(b) At any time after the assuming insurer has permanently discontinued underwriting new business secured by the trust for at least three full years, the superintendent with principal regulatory oversight of the trust may authorize a reduction in the required trusteed surplus, but only after a finding, based on an assessment of the risk, that the new required surplus level is adequate for the protection of United States ceding insurers, policyholders and claimants in light of reasonably foreseeable adverse loss development. The risk assessment may involve an actuarial review, including an independent analysis of reserves and cash flows, and shall consider all material risk factors, including when applicable the lines of business involved, the stability of the incurred loss estimates and the effect of the surplus requirements on the assuming insurer's liquidity or solvency.	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law

3901-3-16	(E)(2)(b)	Shall	(b) At any time after the assuming insurer has permanently discontinued underwriting new business secured by the trust for at least three full years, the superintendent with principal regulatory oversight of the trust may authorize a reduction in the required trusteed surplus, but only after a finding, based on an assessment of the risk, that the new required surplus level is adequate for the protection of United States ceding insurers, policyholders and claimants in light of reasonably foreseeable adverse loss development. The risk assessment may involve an actuarial review, including an independent analysis of reserves and cash flows, and shall consider all material risk factors, including when applicable the lines of business involved, the stability of the incurred loss estimates and the effect of the surplus requirements on the assuming insurer's liquidity or solvency.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(E)(2)(b)	May Not	The minimum required trusteed surplus may not be reduced to an amount less than thirty per cent of the assuming insurer's liabilities attributable to reinsurance ceded by United States ceding insurers covered by the trust.		No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(E)(2)(c)	Shall	(c) The trust fund for a group of individual unincorporated under writers shall consist of funds in trust in an amount not less than the group's aggregate liabilities attributable to business written in the United States and, in addition, the group shall maintain a trusteed surplus of which one hundred million dollars shall be held jointly for the benefit of the United States ceding insurers of any member of the group. The group shall make available to the superintendent annual certifications by the group's domiciliary regulator and its independent public accountants of the solvency of each under writer member of the group.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(E)(2)(c)	Shall	(c) The trust fund for a group of individual unincorporated under writers shall consist of funds in trust in an amount not less than the group's aggregate liabilities attributable to business written in the United States and, in addition, the group shall maintain a trusteed surplus of which one hundred million dollars shall be held jointly for the benefit of the United States ceding insurers of any member of the group. The group shall make available to the superintendent annual certifications by the group's domiciliary regulator and its independent public accountants of the solvency of each under writer member of the group.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(E)(2)(d)	Shall	(d) The trust fund for a group of incorporated insurers under common administration, whose members possess aggregate policyholders surplus of ten billion dollars (calculated and reported in substantially the same manner as prescribed by the annual statement instructions and "Accounting Practices and Procedures Manual" of the NAIC) and which has continuously transacted an insurance business outside the United States for at least three years immediately prior to assuming reinsurance shall consist of funds in trust in an amount not less than the assuming insurers' liabilities attributable to business ceded by United States ceding insurers to any members of the group pursuant to reinsurance contracts issued in the name of such group and, in addition, the group shall maintain a joint trusteed surplus of which one hundred million dollars shall be held jointly for the benefit of United States ceding insurers of any member of the group.	R.C. 3901.041, 3901.65(d) The trust fund for a group of incorporated insurers under common administration, whose members possess aggregate policyholders surplus of ten billion dollars (calculated and reported in substantially the same manner as prescribed by the annual statement instructions and "Accounting Practices and Procedures Manual" of the NAIC) and which has continuously transacted an insurance business outside the United States for at least three years immediately prior to assuming reinsurance shall consist of funds in trust in an amount not less than the assuming insurers' liabilities attributable to business ceded by United States ceding insurers to any members of the group pursuant to reinsurance contracts issued in the name of such group and, in addition, the group shall maintain a joint trusteed surplus of which one hundred million dollars shall be held jointly for the benefit of United States ceding insurers of any member of the group. The group shall file a properly executed form AR-1 as evidence of the submission to this state's authority to examine the books and records of any of its members and shall certify that any member examined will bear the expense of any such examination. The group shall make available to the superintendent annual certifications by the members' domiciliary regulators and their independent public	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(E)(2)(d)	Shall	(d) The trust fund for a group of incorporated insurers under common administration, whose members possess aggregate policyholders surplus of ten billion dollars (calculated and reported in substantially the same manner as prescribed by the annual statement instructions and "Accounting Practices and Procedures Manual" of the NAIC) and which has continuously transacted an insurance business outside the United States for at least three years immediately prior to assuming reinsurance shall consist of funds in trust in an amount not less than the assuming insurers' liabilities attributable to business ceded by United States ceding insurers to any members of the group pursuant to reinsurance contracts issued in the name of such group and, in addition, the group shall maintain a joint trusteed surplus of which one hundred million dollars shall be held jointly for the benefit of United States ceding insurers of any member of the group.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(E)(2)(d)	Shall	The group shall file a properly executed form AR-1 as evidence of the submission to this state's authority to examine the books and records of any of its members and shall certify that any member examined will bear the expense of any such examination.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(E)(2)(d)	Shall	The group shall make available to the superintendent annual certifications by the members' domiciliary regulators and their independent public accountants of the solvency of each member of the group.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(E)(2)(e)	Shall Not	(e) The incorporated members of the group shall not be engaged in any business other than underwriting as a member of the group and shall be subject to the same level of regulation and solvency control by the group's domiciliary regulator as are the unincorporated members. The group shall, within ninety days after its financial statements are due to be filed with the group's domiciliary regulator, provide to the superintendent: (i) An annual certification by the group's domiciliary regulator of the solvency of each underwriter member of the group; or (ii) If a certification is unavailable, a financial statement, prepared by independent public accountants, of each underwriter member of the group	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(E)(2)(e)	Shall	(e) The incorporated members of the group shall not be engaged in any business other than underwriting as a member of the group and shall be subject to the same level of regulation and solvency control by the group's domiciliary regulator as are the unincorporated members. The group shall, within ninety days after its financial statements are due to be filed with the group's domiciliary regulator, provide to the superintendent: (i) An annual certification by the group's domiciliary regulator of the solvency of each underwriter member of the group; or (ii) If a certification is unavailable, a financial statement, prepared by independent public accountants, of each underwriter member of the group.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(E)(3)(a)	Shall	3) The trust shall be established in a form approved by the superintendent and complying with division (C) of section 3901.62 of the Revised Code. The trust instrument shall provide that: (a) Contested claims shall be valid and enforceable out of funds in trust to the extent remaining unsatisfied thirty days after entry of the final order of any court of competent jurisdiction in the United States		Yes, state law	Yes, state law
3901-3-16	(E)(3)(a)	Shall	3) The trust shall be established in a form approved by the superintendent and complying with division (C) of section 3901.62 of the Revised Code. The trust instrument shall provide that: (a) Contested claims shall be valid and enforceable out of funds in trust to the extent remaining unsatisfied thirty days after entry of the final order of any court of competent jurisdiction in the United States		Yes, state law	Yes, state law
3901-3-16	(E)(3)(b)	Shall	3) The trust shall be established in a form approved by the superintendent and complying with division (C) of section 3901.62 of the Revised Code. The trust instrument shall provide that: (b) Legal title to the assets of the trust shall be vested in the trustee for the benefit of the grantor's United States policyholders and ceding insurers, their assigns and successors in interest	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law

3901-3-16	(E)(3)(c)	Shall	(3) The trust shall be established in a form approved by the superintendent and complying with division (C) of section 3901.62 of the Revised Code. The trust instrument shall provide that: (c) The trust shall be subject to examination as determined by the superintendent.	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(E)(3)(d)	Shall	(3) The trust shall be established in a form approved by the superintendent and complying with division (C) of section 3901.62 of the Revised Code. The trust instrument shall provide that: (d) The trust shall remain in effect for as long as the assuming insurer, or any member or former member of a group of insurers, shall have outstanding obligations under reinsurance agreements subject to the trust.	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(E)(3)(e)	Shall	(3) The trust shall be established in a form approved by the superintendent and complying with division (C) of section 3901.62 of the Revised Code. The trust instrument shall provide that: (e) No later than February twenty-eighth of each year the trustees of the trust shall report to the superintendent in writing setting forth the balance in the trust and listing the trust's investments at the preceding year end, and shall certify the date of termination of the trust, if so planned, or certify that the trust shall not expire prior to the next following December thirty-first.	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(E)(3)(f)	Shall	(3) The trust shall be established in a form approved by the superintendent and complying with division (C) of section 3901.62 of the Revised Code. The trust instrument shall provide that: (f) No amendment to the trust shall be effective unless reviewed and approved in advance by the superintendent.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(1)	Shall	(1) Pursuant to division (A)(5) of section 3901.62 of the Revised Code, the superintendent shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that has been certified as a reinsurer in this state at all times for which statutory financial statement credit for reinsurance is claimed under this section. The credit allowed shall be based upon the security held by or on behalf of the ceding insurer in accordance with a rating assigned to the certified reinsurer by the superintendent. The security shall be in a form consistent with the provisions of division (A)(5) of section 3901.62 or section 3901.63 of the Revised Code and paragraph (I), (J) or (K) of this rule. The amount of security required in order for full credit to be allowed shall correspond with the following requirements:	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law

3901-3-16	(F)(1)	Shall	(1) Pursuant to division (A)(5) of section 3901.62 of the Revised Code, the superintendent shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that has been certified as a reinsurer in this state at all times for which statutory financial statement credit for reinsurance is claimed under this section. The credit allowed shall be based upon the security held by or on behalf of the ceding insurer in accordance with a rating assigned to the certified reinsurer by the superintendent. The security shall be in a form consistent with the provisions of division (A)(5) of section 3901.62 or section 3901.63 of the Revised Code and paragraph (I), (J) or (K) of this rule. The amount of security required in order for full credit to be allowed shall correspond with the following requirements:	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(F)(1)	Shall	(1) Pursuant to division (A)(5) of section 3901.62 of the Revised Code, the superintendent shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that has been certified as a reinsurer in this state at all times for which statutory financial statement credit for reinsurance is claimed under this section. The credit allowed shall be based upon the security held by or on behalf of the ceding insurer in accordance with a rating assigned to the certified reinsurer by the superintendent. The security shall be in a form consistent with the provisions of division (A)(5) of section 3901.62 or section 3901.63 of the Revised Code and paragraph (I), (J) or (K) of this rule. The amount of security required in order for full credit to be allowed shall correspond with the following requirements:	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(F)(1)(a)	Shall	The amount of security required in order for full credit to be allowed shall correspond with the following requirements: (a) Ratings: (Security required) Secure - 1: (0%) Secure - 2: (10 %) Secure - 3: (20%) Secure - 4: (50%) Secure - 5: (75%) Vulnerable - 6: (100%)	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(1)(b)	Shall	The amount of security required in order for full credit to be allowed shall correspond with the following requirements: (b) Affiliated reinsurance transactions shall receive the same opportunity for reduced security requirements as all other reinsurance transactions.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(1)(c)	Shall	The amount of security required in order for full credit to be allowed shall correspond with the following requirements: (c) The superintendent shall require the certified reinsurer to post one hundred per cent, for the benefit of the ceding insurer or its estate, security upon the entry of an order of rehabilitation, liquidation or conservation against the ceding insurer.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(F)(1)(d)	Shall Not	The amount of security required in order for full credit to be allowed shall correspond with the following requirements: (d) In order to facilitate the prompt payment of claims, a certified reinsurer with a rating of secure 1, secure 2 or secure 3 shall not be required to post security for catastrophe recoverables for a period of one year from the date of the first instance of a liability reserve entry by the ceding company as a result of a loss from a catastrophic occurrence as recognized by the superintendent.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(1)(e)	Shall	The amount of security required in order for full credit to be allowed shall correspond with the following requirements: (e) Credit for reinsurance under this section shall apply only to reinsurance contracts entered into or renewed on or after the effective date of the certification of the assuming insurer. Any reinsurance contract entered into prior to the effective date of the certification of the assuming insurer that is subsequently amended after the effective date of the certification of the assuming insurer, or a new reinsurance contract, covering any risk for which collateral was provided previously, shall only be subject to this section with respect to losses incurred and reserves reported from and after the effective date of the amendment or new contract.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(1)(e)	Shall	The amount of security required in order for full credit to be allowed shall correspond with the following requirements: (e) Credit for reinsurance under this section shall apply only to reinsurance contracts entered into or renewed on or after the effective date of the certification of the assuming insurer. Any reinsurance contract entered into prior to the effective date of the certification of the assuming insurer that is subsequently amended after the effective date of the certification of the assuming insurer, or a new reinsurance contract, covering any risk for which collateral was provided previously, shall only be subject to this section with respect to losses incurred and reserves reported from and after the effective date of the amendment or new contract.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(1)(f)	Prohibit	The amount of security required in order for full credit to be allowed shall correspond with the following requirements: (f) Nothing in this section shall prohibit the parties to a reinsurance agreement from agreeing to provisions establishing security requirements that exceed the minimum security requirements established for certified reinsurers under this section.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(a)Item1	Shall	(a) The superintendent shall post notice on the insurance department's website promptly upon receipt of any application for certification, including instructions on how members of the public may respond to the application. The superintendent may not take final action on the application until at least thirty days after posting the notice required by this paragraph.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(F)(2)(a)Item2	May Not	(a) The superintendent shall post notice on the insurance department's website promptly upon receipt of any application for certification, including instructions on how members of the public may respond to the application. The superintendent may not take final action on the application until at least thirty days after posting the notice required by this paragraph.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(b)Item1	Shall	(b) The superintendent shall issue written notice to an assuming insurer that has made application and been approved as a certified reinsurer. Approval as a certified reinsurer will be effective as of either January first or July first of any year. Included in such notice shall be the rating assigned the certified reinsurer in accordance with paragraph (F)(1) of this rule. The superintendent shall publish a list of all certified reinsurers and their ratings as of January first and July first of each year.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(b)Item2	Shall	(b) The superintendent shall issue written notice to an assuming insurer that has made application and been approved as a certified reinsurer. Approval as a certified reinsurer will be effective as of either January first or July first of any year. Included in such notice shall be the rating assigned the certified reinsurer in accordance with paragraph (F)(1) of this rule. The superintendent shall publish a list of all certified reinsurers and their ratings as of January first and July first of each year.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(c)	Shall	(c) In order to be eligible for certification, the assuming insurer shall meet the following requirements	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(c)(i)	Must	(c) In order to be eligible for certification, the assuming insurer shall meet the following requirements (i) The assuming insurer must be domiciled and licensed to transact insurance or reinsurance in a qualified jurisdiction, as determined by the superintendent pursuant to paragraph (F)(3) of this rule.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(c)(ii)	Must	(c) In order to be eligible for certification, the assuming insurer shall meet the following requirements (ii) The assuming insurer must maintain capital and surplus, or its equivalent, of no less than two hundred fifty million dollars calculated in accordance with paragraph (F)(2)(d)(viii) of this rule. This requirement may also be satisfied by an association including incorporated and individual unincorporated underwriters having minimum capital and surplus equivalents (net of liabilities) of at least two hundred fifty million dollars and a central fund containing a balance of at least two hundred fifty million dollars.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(c)(iii)	Must	(c) In order to be eligible for certification, the assuming insurer shall meet the following requirements (iii) The assuming insurer must maintain financial strength ratings from two or more rating agencies deemed acceptable by the superintendent. These ratings shall be based on interactive communication between the rating agency and the assuming insurer and shall not be based solely on publicly available information.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(c)(iv)	Must	(c) In order to be eligible for certification, the assuming insurer shall meet the following requirements (iv) The certified reinsurer must comply with any other requirements reasonably imposed by the superintendent.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(F)(2)(d)	Shall	(d) Each certified reinsurer shall be rated on a legal entity basis, with due consideration being given to the group rating where appropriate, except that an association including incorporated and individual unincorporated underwriters that has been approved to do business as a single certified reinsurer may be evaluated on the basis of its group rating. Factors that may be considered as part of the evaluation process include, but are not limited, to the following:	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(d)(i)	Shall	(d) Each certified reinsurer shall be rated on a legal entity basis, with due consideration being given to the group rating where appropriate, except that an association including incorporated and individual unincorporated underwriters that has been approved to do business as a single certified reinsurer may be evaluated on the basis of its group rating. Factors that may be considered as part of the evaluation process include, but are not limited, to the following: (i) The certified reinsurer's financial strength rating from an acceptable rating agency. The maximum rating that a certified reinsurer may be assigned will correspond to its financial strength rating as outlined in the table below. The superintendent shall use the lowest financial strength rating received from an approved rating agency in establishing the maximum rating of a certified reinsurer. A failure to obtain or maintain at least two financial strength ratings from acceptable rating agencies will result in loss of eligibility for certification;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(d)(i)	Other - requires an action	(d) Each certified reinsurer shall be rated on a legal entity basis, with due consideration being given to the group rating where appropriate, except that an association including incorporated and individual unincorporated underwriters that has been approved to do business as a single certified reinsurer may be evaluated on the basis of its group rating. Factors that may be considered as part of the evaluation process include, but are not limited, to the following: (i) The certified reinsurer's financial strength rating from an acceptable rating agency. The maximum rating that a certified reinsurer may be assigned will correspond to its financial strength rating as outlined in the table below. The superintendent shall use the lowest financial strength rating received from an approved rating agency in establishing the maximum rating of a certified reinsurer. A failure to obtain or maintain at least two financial strength ratings from acceptable rating agencies will result in loss of eligibility for certification;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(F)(2)(d)(viii)	Must	(d) Each certified reinsurer shall be rated on a legal entity basis, with due consideration being given to the group rating where appropriate, except that an association including incorporated and individual unincorporated underwriters that has been approved to do business as a single certified reinsurer may be evaluated on the basis of its group rating. Factors that may be considered as part of the evaluation process include, but are not limited, to the following: (viii) For certified reinsurers not domiciled in the United States, audited financial statements, (audited United States GAAP basis if available, audited IFRS basis statements are allowed but must include an audited footnote reconciling equity and net income to a United States GAAP basis, or, with the permission of the state insurance superintendent, audited IFRS statements with reconciliation to United States GAAP certified by an officer of the company), regulatory filings, and actuarial opinion (as filed with the non-United States jurisdiction supervisor). Upon the initial application for certification, the superintendent will consider audited financial statements for the last three years filed with its non-United States jurisdiction supervisor;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(d)(viii)	Other - requires an action	(d) Each certified reinsurer shall be rated on a legal entity basis, with due consideration being given to the group rating where appropriate, except that an association including incorporated and individual unincorporated underwriters that has been approved to do business as a single certified reinsurer may be evaluated on the basis of its group rating. Factors that may be considered as part of the evaluation process include, but are not limited, to the following: (viii) For certified reinsurers not domiciled in the United States, audited financial statements, (audited United States GAAP basis if available, audited IFRS basis statements are allowed but must include an audited footnote reconciling equity and net income to a United States GAAP basis, or, with the permission of the state insurance superintendent, audited IFRS statements with reconciliation to United States GAAP certified by an officer of the company), regulatory filings, and actuarial opinion (as filed with the non-United States jurisdiction supervisor). Upon the initial application for certification, the superintendent will consider audited financial statements for the last three years filed with its non-United States jurisdiction supervisor;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(F)(2)(d)(x)	Shall	(d) Each certified reinsurer shall be rated on a legal entity basis, with due consideration being given to the group rating where appropriate, except that an association including incorporated and individual unincorporated underwriters that has been approved to do business as a single certified reinsurer may be evaluated on the basis of its group rating. Factors that may be considered as part of the evaluation process include, but are not limited, to the following: (x) A certified reinsurer's participation in any solvent scheme of arrangement, or similar procedure, which involves United States ceding insurers. The superintendent shall receive prior notice from a certified reinsurer that proposes participation by the certified reinsurer in a solvent scheme of arrangement;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(e)	Shall	(e) Based on the analysis conducted under paragraph (F)(2)(d)(v) of this rule, of a certified reinsurer's reputation for prompt payment of claims, the superintendent may make appropriate adjustments in the security the certified reinsurer is required to post to protect its liabilities to United States ceding insurers, provided that the superintendent shall, at a minimum, increase the security the certified reinsurer is required to post by one rating level under paragraph (F)(2)(d)(i) of this rule if the superintendent finds that: (i) More than fifteen per cent of the certified reinsurer's ceding insurance clients have overdue reinsurance recoverables on paid losses of ninety days or more which are not in dispute and which exceed one hundred thousand dollars for each cedent; or (ii) The aggregate amount of reinsurance recoverables on paid losses which are not in dispute that are overdue by ninety days or more exceeds fifty million dollars.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(f)	Must	(f) The assuming insurer must submit a properly executed form CR-1 (attached as an appendix to this rule) as evidence of its submission to the jurisdiction of this state, appointment of the superintendent as an agent for service of process in this state, and agreement to provide security for one hundred per cent of the assuming insurer's liabilities attributable to reinsurance ceded by United States ceding insurers if it resists enforcement of a final United States judgment. The superintendent shall not certify any assuming insurer that is domiciled in a jurisdiction that the superintendent has determined does not adequately and promptly enforce final United States judgments or arbitration awards.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(f)	Shall Not	(f) The assuming insurer must submit a properly executed form CR-1 (attached as an appendix to this rule) as evidence of its submission to the jurisdiction of this state, appointment of the superintendent as an agent for service of process in this state, and agreement to provide security for one hundred per cent of the assuming insurer's liabilities attributable to reinsurance ceded by United States ceding insurers if it resists enforcement of a final United States judgment. The superintendent shall not certify any assuming insurer that is domiciled in a jurisdiction that the superintendent has determined does not adequately and promptly enforce final United States judgments or arbitration awards.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(F)(2)(g)Item1	Must	(g) The certified reinsurer must agree to meet applicable information filing requirements as determined by the superintendent, both with respect to an initial application for certification and on an on-going basis. The applicable information filing requirements are, as follows:	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(g)(i)	Require	(g) The certified reinsurer must agree to meet applicable information filing requirements as determined by the superintendent, both with respect to an initial application for certification and on an on-going basis. The applicable information filing requirements are, as follows: The applicable information filing requirements are, as follows: (i) Notification within ten days of any regulatory actions taken against the certified reinsurer, any change in the provisions of its domiciliary license or any change in rating by an approved rating agency, including a statement describing such changes and the reasons therefore;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(g)(ii)	Require	(g) The certified reinsurer must agree to meet applicable information filing requirements as determined by the superintendent, both with respect to an initial application for certification and on an on-going basis. The applicable information filing requirements are, as follows: (ii) Annually, form CR-F or CR-S, as applicable;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(g)(iii)	Require	(g) The certified reinsurer must agree to meet applicable information filing requirements as determined by the superintendent, both with respect to an initial application for certification and on an on-going basis. The applicable information filing requirements are, as follows: (iii) Annually, the report of the independent auditor on the financial statements of the insurance enterprise, on the basis described in paragraph (F)(2)(g)(iv) of this rule;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(g)(iv)	Require	(g) The certified reinsurer must agree to meet applicable information filing requirements as determined by the superintendent, both with respect to an initial application for certification and on an on-going basis. The applicable information filing requirements are, as follows: (iv) Annually, audited financial statements (audited United States GAAP basis if available, audited IFRS basis statements are allowed but must include an audited footnote reconciling equity and net income to a United States GAAP basis, or, with the permission of the state insurance superintendent, audited IFRS statements with reconciliation to United States GAAP certified by an officer of the company), regulatory filings, and actuarial opinion (as filed with the certified reinsurer's supervisor). Upon the initial certification, audited financial statements for the last three years filed with the certified reinsurer's supervisor;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(f)(2)(g)(v)	Require	(g) The certified reinsurer must agree to meet applicable information filing requirements as determined by the superintendent, both with respect to an initial application for certification and on an on-going basis. The applicable information filing requirements are, as follows: (v) At least annually, an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from United States domestic ceding insurers;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(F)(2)(g)(vi)	Require	(g) The certified reinsurer must agree to meet applicable information filing requirements as determined by the superintendent, both with respect to an initial application for certification and on an on-going basis.The applicable information filing requirements are, as follows: (vi) A certification from the certified reinsurer's domestic regulator that the certified reinsurer is in good standing and maintains capital in excess of the jurisdiction's highest regulatory action level;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(g)(vii)	Require	(g) The certified reinsurer must agree to meet applicable information filing requirements as determined by the superintendent, both with respect to an initial application for certification and on an on-going basis.The applicable information filing requirements are, as follows: (vii) Any other information that the superintendent may reasonably require.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(h)(i)	Shall	(i) In the case of a downgrade by a rating agency or other disqualifying circumstance, the superintendent shall upon written notice assign a new rating to the certified reinsurer in accordance with the requirements of paragraph (F)(2)(d)(i) of this rule	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(h)(ii)	Shall	(ii) The superintendent shall have the authority to suspend, revoke, or otherwise modify a certified reinsurer's certification at any time if the certified reinsurer fails to meet its obligations or security requirements under this section, or if other financial or operating results of the certified reinsurer, or documented significant delays in payment by the certified reinsurer, lead the superintendent to reconsider the certified reinsurer's ability or willingness to meet its contractual obligations.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(h)(iii)	Shall	(iii) If the rating of a certified reinsurer is upgraded by the superintendent, the certified reinsurer may meet the security requirements applicable to its new rating on a prospective basis, but the superintendent shall require the certified reinsurer to post security under the previously applicable security requirements as to all contracts in force on or before the effective date of the upgraded rating. If the rating of a certified reinsurer is downgraded by the superintendent, the superintendent shall require the certified reinsurer to meet the security requirements applicable to its new rating for all business it has assumed as a certified reinsurer.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(2)(h)(iv)	Shall	(iv) Upon revocation of the certification of a certified reinsurer by the superintendent, the assuming insurer shall be required to post security in accordance with paragraph (F) of this rule in order for the ceding insurer to continue to take credit for reinsurance ceded to the assuming insurer. If funds continue to be held in trust in accordance with paragraph (E) of this rule, the superintendent may allow additional credit equal to the ceding insurer's pro rata share of such funds, discounted to reflect the risk of uncollectibility and anticipated expenses of trust administration. Notwithstanding the change of a certified reinsurer's rating or revocation of its certification, a domestic insurer that has ceded reinsurance to that certified reinsurer may not be denied credit for reinsurance for a period of three months for all reinsurance ceded to that certified reinsurer, unless the reinsurance is found by the superintendent to be at high risk of uncollectibility.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(F)(2)(h)(iv)	May Not	(iv) Upon revocation of the certification of a certified reinsurer by the superintendent, the assuming insurer shall be required to post security in accordance with paragraph (F) of this rule in order for the ceding insurer to continue to take credit for reinsurance ceded to the assuming insurer. If funds continue to be held in trust in accordance with paragraph (E) of this rule, the superintendent may allow additional credit equal to the ceding insurer's pro rata share of such funds, discounted to reflect the risk of uncollectibility and anticipated expenses of trust administration. Notwithstanding the change of a certified reinsurer's rating or revocation of its certification, a domestic insurer that has ceded reinsurance to that certified reinsurer may not be denied credit for reinsurance for a period of three months for all reinsurance ceded to that certified reinsurer, unless the reinsurance is found by the superintendent to be at high risk of uncollectibility.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(3)(a)	Shall	(a) If, upon conducting an evaluation under this paragraph with respect to the reinsurance supervisory system of any non-United States assuming insurer, the superintendent determines that the jurisdiction qualifies to be recognized as a qualified jurisdiction, the superintendent shall publish notice and evidence of such recognition in an appropriate manner. The superintendent may establish a procedure to withdraw recognition of those jurisdictions that are no longer qualified.		No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(3)(b)	Shall	(b) In order to determine whether the domiciliary jurisdiction of a non-United States assuming insurer is eligible to be recognized as a qualified jurisdiction, the superintendent shall evaluate the reinsurance supervisory system of the non-United States jurisdiction, both initially and on an ongoing basis, and consider the rights, benefits and the extent of reciprocal recognition afforded by the non-United States jurisdiction to reinsurers licensed and domiciled in the United States. The superintendent shall determine the appropriate approach for evaluating the qualifications of such jurisdictions, and create and publish a list of jurisdictions whose reinsurers may be approved by the superintendent as eligible for certification. A qualified jurisdiction must agree to share information and cooperate with the superintendent with respect to all certified reinsurers domiciled within that jurisdiction. Additional factors to be considered in determining whether to recognize a qualified jurisdiction, in the discretion of the superintendent, include but are not limited to the following:	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(F)(3)(b)	Shall	(b) In order to determine whether the domiciliary jurisdiction of a non-United States assuming insurer is eligible to be recognized as a qualified jurisdiction, the superintendent shall evaluate the reinsurance supervisory system of the non-United States jurisdiction, both initially and on an ongoing basis, and consider the rights, benefits and the extent of reciprocal recognition afforded by the non-United States jurisdiction to reinsurers licensed and domiciled in the United States. The superintendent shall determine the appropriate approach for evaluating the qualifications of such jurisdictions, and create and publish a list of jurisdictions whose reinsurers may be approved by the superintendent as eligible for certification. A qualified jurisdiction must agree to share information and cooperate with the superintendent with respect to all certified reinsurers domiciled within that jurisdiction. Additional factors to be considered in determining whether to recognize a qualified jurisdiction, in the discretion of the superintendent, include but are not limited to the following:	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(3)(b)	Must	(b) In order to determine whether the domiciliary jurisdiction of a non-United States assuming insurer is eligible to be recognized as a qualified jurisdiction, the superintendent shall evaluate the reinsurance supervisory system of the non-United States jurisdiction, both initially and on an ongoing basis, and consider the rights, benefits and the extent of reciprocal recognition afforded by the non-United States jurisdiction to reinsurers licensed and domiciled in the United States. The superintendent shall determine the appropriate approach for evaluating the qualifications of such jurisdictions, and create and publish a list of jurisdictions whose reinsurers may be approved by the superintendent as eligible for certification. A qualified jurisdiction must agree to share information and cooperate with the superintendent with respect to all certified reinsurers domiciled within that jurisdiction. Additional factors to be considered in determining whether to recognize a qualified jurisdiction, in the discretion of the superintendent, include but are not limited to the following:		No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(3)(c)	Shall	(c) If the NAIC publishes a list of qualified jurisdictions, the superintendent shall consider the list in determining qualified jurisdictions. If the superintendent approves a jurisdiction as qualified that does not appear on the list of qualified jurisdictions, the superintendent shall document compliance with the criteria provided under paragraphs (F)(3)(b)(i) to (F)(3)(b)(vii) of this rule. Such documentation is a public record.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(3)(c)	Shall	(c) If the NAIC publishes a list of qualified jurisdictions, the superintendent shall consider the list in determining qualified jurisdictions. If the superintendent approves a jurisdiction as qualified that does not appear on the list of qualified jurisdictions, the superintendent shall document compliance with the criteria provided under paragraphs (F)(3)(b)(i) to (F)(3)(b)(vii) of this rule. Such documentation is a public record.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(3)(d)	Shall	(d) United States jurisdictions that meet the requirements for accreditation under the NAIC financial standards and accreditation program shall be recognized as qualified jurisdictions.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(F)(4)(a)	Shall	(a) If an applicant for certification has been certified as a reinsurer in an NAIC accredited jurisdiction, the superintendent has the discretion to defer to that jurisdiction's certification, and to defer to the rating assigned by that jurisdiction, if the assuming insurer submits a properly executed form CR-1 and such additional information as the superintendent requires. The assuming insurer shall be considered to be a certified reinsurer in this state.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(4)(b)	Shall	(b) Any change in the certified reinsurer's status or rating in the other jurisdiction shall apply automatically in this state as of the date it takes effect in the other jurisdiction. The certified reinsurer shall notify the superintendent of any change in its status or rating within ten days after receiving notice of the change	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(4)(b)	Shall	(b) Any change in the certified reinsurer's status or rating in the other jurisdiction shall apply automatically in this state as of the date it takes effect in the other jurisdiction. The certified reinsurer shall notify the superintendent of any change in its status or rating within ten days after receiving notice of the change	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(4)(d)	Shall	(d) The superintendent may withdraw recognition of the other jurisdiction's certification at any time, with written notice to the certified reinsurer. Unless the superintendent suspends or revokes the certified reinsurer's certification, the certified reinsurer's certification shall remain in good standing in this state for a period of three months, which shall be extended if additional time is necessary to consider the assuming insurer's application for certification in this state	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(5)	Shall	(5) Mandatory funding clause. In addition to the clauses required under paragraph (L) of this rule, reinsurance contracts entered into or renewed under this section shall include a proper funding clause, which requires the certified reinsurer to provide and maintain security in an amount sufficient to avoid the imposition of any financial statement penalty on the ceding insurer under this section for reinsurance ceded to the certified reinsurer.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(F)(6)	Shall	(6) The superintendent shall comply with all reporting and notification requirements that may be established by the NAIC with respect to certified reinsurers and qualified jurisdictions	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(G)	Shall	(G) Credit for reinsurance required by law Pursuant to division (A)(3) of section 3901.62 of the Revised Code, the superintendent shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of division (A)(1), (A)(2), (A)(4) or (A)(5) of section 3901.62 of the Revised Code, but only with respect to the insurance of risks located in jurisdictions where such reinsurance is required by the applicable law or regulation of that jurisdiction. As used in this section, "jurisdiction" means any state, district or territory of the United States and any lawful national government.	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(H)	Shall	(H) Reduction from liability for reinsurance ceded to an unauthorized assuming insurer Pursuant to section 3901.63 of the Revised Code, the superintendent shall allow a reduction from liability for reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of division (A) of section 3901.62 of the Revised Code in an amount not exceeding the liabilities carried by the ceding insurer. Such reduction shall be in the amount of funds held by or on behalf of the ceding insurer, including funds held in trust for the exclusive benefit of the ceding insurer, under a reinsurance contract with such assuming insurer as security for the payment of obligations thereunder. Such security must be held in the United States subject to withdrawal solely by, and under the exclusive control of, the ceding insurer or, in the case of a trust, held in a qualified United States financial institution as defined in division (B)(2) of section 3901.63 of the Revised Code. This security may be in the form of any of the following.	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(I)(2)(a)	Shall	(a) The trust agreement shall be entered into between the beneficiary, the grantor and a trustee which shall be a qualified United States financial institution as defined in division (B)(2) of section 3901.63 of the Revised Code.		No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(b)	Shall	(b) The trust agreement shall create a trust account into which assets shall be deposited.		No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(I)(2)(c)	Shall	(c) All assets in the trust account shall be held by the trustee at the trustee's office in the United States, except that a bank may apply for the superintendent's permission to use a foreign branch office of such bank as trustee for trust agreements established pursuant to this section. If the superintendent approves the use of such foreign branch office as trustee, then its use must be approved by the beneficiary in writing and the trust agreement must provide that the written notice described in paragraph (I)(2)(d)(i) of this rule must also be presentable, as a matter of legal right, at the trustee's principal office in the United States.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(c)	Must	(c) All assets in the trust account shall be held by the trustee at the trustee's office in the United States, except that a bank may apply for the superintendent's permission to use a foreign branch office of such bank as trustee for trust agreements established pursuant to this section. If the superintendent approves the use of such foreign branch office as trustee, then its use must be approved by the beneficiary in writing and the trust agreement must provide that the written notice described in paragraph (I)(2)(d)(i) of this rule must also be presentable, as a matter of legal right, at the trustee's principal office in the United States.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(c)	Must	(c) All assets in the trust account shall be held by the trustee at the trustee's office in the United States, except that a bank may apply for the superintendent's permission to use a foreign branch office of such bank as trustee for trust agreements established pursuant to this section. If the superintendent approves the use of such foreign branch office as trustee, then its use must be approved by the beneficiary in writing and the trust agreement must provide that the written notice described in paragraph (I)(2)(d)(i) of this rule must also be presentable, as a matter of legal right, at the trustee's principal office in the United States.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(d)	Shall	(d) The trust agreement shall provide that: (i) The beneficiary shall have the right to withdraw assets from the trust account at any time, without notice to the grantor, subject only to written notice from the beneficiary to the trustee; (ii) No other statement or document is required to be presented in order to withdraw assets, except that the beneficiary may be required to acknowledge receipt of withdrawn assets; (iii) It is not subject to any conditions or qualifications outside of the trust agreement; and (iv) It shall not contain references to any other agreements or documents except as provided for under paragraph (I)(2)(k) of this rule.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(e)	Shall	(e) The trust agreement shall be established for the sole benefit of the beneficiary.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(f)(i)	Shall	(f) The trust agreement shall require the trustee to: (i) Receive assets and hold all assets in a safe place;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(f)(ii)	Shall	(f) The trust agreement shall require the trustee to: (ii) Determine that all assets are in such form that the beneficiary, or the trustee upon direction by the beneficiary, may whenever necessary negotiate any such assets, without consent or signature from the grantor or any other person or entity;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(f)(iii)	Shall	(f) The trust agreement shall require the trustee to: (iii) Furnish to the grantor and the beneficiary a statement of all assets in the trust account upon its inception and at intervals no less frequent than the end of each calendar quarter;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(I)(2)(f)(iv)	Shall	(f) The trust agreement shall require the trustee to: (iv) Notify the grantor and the beneficiary within ten days, of any deposits to or withdrawals from the trust account;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(f)(v)	Shall	(f) The trust agreement shall require the trustee to: (v) Upon written demand of the beneficiary, immediately take any and all steps necessary to transfer absolutely and unequivocally all right, title and interest in the assets held in the trust account to the beneficiary and deliver physical custody of the assets to the beneficiary;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(f)(vi)	Shall	(f) The trust agreement shall require the trustee to: (vi) Allow no substitutions or withdrawals of assets from the trust account, except on written instructions from the beneficiary, except that the trustee may, without the consent of but with notice to the beneficiary, upon call or maturity of any trust asset, withdraw such asset upon condition that the proceeds are paid into the trust account.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(g)	Shall	(g) The trust agreement shall provide that at least thirty days, but not more than forty-five days, prior to termination of the trust account, written notification of termination shall be delivered by the trustee to the beneficiary.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(h)	Shall	(h) The trust agreement shall be made subject to and governed by the laws of the state in which the trust is established.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(i)	Prohibit	(i) The trust agreement shall prohibit invasion of the trust corpus for the purpose of paying compensation to, or reimbursing the expense of, the trustee.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(j)	Shall	(j) The trust agreement shall provide that the trustee shall be liable for its own negligence, willful misconduct or lack of good faith.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(k)	Shall	(k) Notwithstanding other provisions of this regulation, when a trust agreement is established in conjunction with a reinsurance agreement covering risks other than life, annuities and accident and health, where it is customary practice to provide a trust agreement for a specific purpose, such a trust agreement may, notwithstanding any other conditions in this regulation, provide that the ceding insurer shall undertake to use and apply amounts drawn upon the trust account, without diminution because of the insolvency of the ceding insurer or the assuming insurer	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(2)(m)	Must	(m) Either the reinsurance agreement or the trust agreement must stipulate that assets deposited in the trust account shall be valued according to their current fair market value and shall consist only of cash in United States dollars, certificates of deposit issued by a United States bank and payable in United States dollars, and investments permitted by the insurance code or any combination of the above, provided investments in or issued by an entity controlling, controlled by or under common control with either the grantor or the beneficiary of the trust shall not exceed five per cent of total investments. The agreement may further specify the types of investments to be deposited. If the reinsurance agreement covers life, annuities or accident and health risks, then the provisions required by this paragraph must be included in the reinsurance agreement.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(I)(2)(m)	Must	(m) Either the reinsurance agreement or the trust agreement must stipulate that assets deposited in the trust account shall be valued according to their current fair market value and shall consist only of cash in United States dollars, certificates of deposit issued by a United States bank and payable in United States dollars, and investments permitted by the insurance code or any combination of the above, provided investments in or issued by an entity controlling, controlled by or under common control with either the grantor or the beneficiary of the trust shall not exceed five per cent of total investments. The agreement may further specify the types of investments to be deposited. If the reinsurance agreement covers life, annuities or accident and health risks, then the provisions required by this paragraph must be included in the reinsurance agreement.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(3)(b)	Shall	(b)The grantor may have the full and unqualified right to vote any shares of stock in the trust account and to receive from time to time payments of any dividends or interest upon any shares of stock or obligations included in the trust account. Any such interest or dividends shall be either forwarded promptly upon receipt to the grantor or deposited in a separate account established in the grantor's name.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(3)(c)	Other - prohibits an action	(c) The trustee may be given authority to invest, and accept substitutions of, any funds in the account, provided that no investment or substitution shall be made without prior approval of the beneficiary, unless the trust agreement specifies categories of investments acceptable to the beneficiary and authorizes the trustee to invest funds and to accept substitutions which the trustee determines are at least equal in market value to the assets withdrawn and that are consistent with the restrictions in paragraph (I)(4)(a)(ii) of this rule.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(3)(e)	Shall	(e) The trust agreement may provide that, upon termination of the trust account, all assets not previously withdrawn by the beneficiary shall, with written approval by the beneficiary, be delivered over to the grantor		No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(4)(a)(i)	Require	(a) A reinsurance agreement, which is entered into in conjunction with a trust agreement and the establishment of a trust account, may contain provisions that: (i) Require the assuming insurer to enter into a trust agreement and to establish a trust account for the benefit of the ceding insurer, and specifying what the agreement is to cover;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(4)(a)(ii)	Require	(a) A reinsurance agreement, which is entered into in conjunction with a trust agreement and the establishment of a trust account, may contain provisions that: (ii) Require the assuming insurer, prior to depositing assets with the trustee to execute assignments or endorsements in blank or to transfer legal title to the trustee of all shares, obligations or any other assets requiring assignments, in order that the ceding insurer, or the trustee upon the direction of the ceding insurer, may whenever necessary negotiate these assets without consent or signature from the assuming insurer or any other entity;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(I)(4)(a)(iii)	Require	(a) A reinsurance agreement, which is entered into in conjunction with a trust agreement and the establishment of a trust account, may contain provisions that: (iii) Require that all settlements of account between the ceding insurer and the assuming insurer be made in cash or its equivalent;	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(4)(a)(iv)	Other - requires an action	(a) A reinsurance agreement, which is entered into in conjunction with a trust agreement and the establishment of a trust account, may contain provisions that: (iv) Stipulate that the assuming insurer and the ceding insurer agree that the assets in the trust account, established pursuant to the provisions of the reinsurance agreement, may be withdrawn by the ceding insurer at any time, notwithstanding any other provisions in the reinsurance agreement, and shall be utilized and applied by the ceding insurer or its successors in interest by operation of law, including without limitation any liquidator, rehabilitator, receiver or conservator of such company, without diminution because of insolvency on the part of the ceding insurer or the assuming insurer only for the following purposes: (a) To reimburse the ceding insurer for the assuming insurer's share of premiums returned to the owners of policies reinsured under the reinsurance agreement because of cancellations of such policies; (b) To reimburse the ceding insurer for the assuming insurer's share of surrenders and benefits or losses paid by the ceding insurer pursuant to the provisions of the policies reinsured under the reinsurance agreement; (c) To fund an account with the ceding insurer in an amount at least equal to the deduction, for reinsurance ceded, from the ceding insurer liabilities for policies ceded under the agreement. The account shall include, but not be limited to, amounts for policy reserves, claims and losses incurred (including losses incurred but not reported), loss adjustment expenses and unearned premium reserves; and	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(4)(a)(v)(a)(i)	Shall	(v) The reinsurance agreement may also contain provisions that: (a) Give the assuming insurer the right to seek approval from the ceding insurer to withdraw from the trust account all or any part of the trust assets and transfer those assets to the assuming insurer, provided: (i) The assuming insurer shall, at the time of withdrawal, replace the withdrawn assets with other qualified assets having a market value equal to the current fair market value of the assets withdrawn so as to maintain at all times the deposit in the required amount,	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(4)(a)(v)(a)(ii)	Shall Not	(v) The reinsurance agreement may also contain provisions that: (a) Give the assuming insurer the right to seek approval from the ceding insurer to withdraw from the trust account all or any part of the trust assets and transfer those assets to the assuming insurer, provided: (ii) After withdrawal and transfer, the current fair market value of the trust account is no less than one hundred two per cent of the required amount. The ceding insurer shall not unreasonably or arbitrarily withhold its approval.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(I)(4)(b)	Shall	(b) Financial reporting. A trust agreement may be used to reduce any liability for reinsurance ceded to an unauthorized assuming insurer in financial statements required to be filed with this department in compliance with the provisions of this regulation when established on or before the date of filing of the financial statement of the ceding insurer. Further, the reduction for the existence of an acceptable trust account may be up to the current fair market value of acceptable assets available to be withdrawn from the trust account at that time, but such reduction shall be no greater than the specific obligations under the reinsurance agreement that the trust account was established to secure.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(4)(c)	Other - requires an action	(c) Existing agreements. Notwithstanding the effective date of this regulation, any trust agreement or underlying reinsurance agreement in existence prior to December 31, 1997 will continue to be acceptable until December 31, 1998, at which time the agreements will have to be in full compliance with this regulation for the trust agreement to be acceptable.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(I)(4)(d)	Shall Not	(d) The failure of any trust agreement to specifically identify the beneficiary as defined in paragraph (I)(1)(a) of this rule shall not be construed to affect any actions or rights which the superintendent may take or possess pursuant to the provisions of the laws of this state.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(J)(1)	Must	(1) The letter of credit must be clean, irrevocable and unconditional and issued or confirmed by a qualified United States financial institution as defined in division (B)(2) of section 3901.63 of the Revised Code. The letter of credit shall contain an issue date and date of expiration and shall stipulate that the beneficiary need only draw a sight draft under the letter of credit and present it to obtain funds and that no other document need be presented. The letter of credit shall also indicate that it is not subject to any condition or qualifications outside of the letter of credit. In addition, the letter of credit itself shall not contain reference to any other agreements, documents or entities, except as provided in paragraph (J)(9)(a) of this rule. As used in this paragraph, "beneficiary" means the domestic insurer for whose benefit the letter of credit has been established and any successor of the beneficiary by operation of law. If a court of law appoints a successor in interest to the named beneficiary, then the named beneficiary includes and is limited to the court appointed domiciliary receiver (including conservator, rehabilitator or liquidator).	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(J)(1)	Shall	(1) The letter of credit must be clean, irrevocable and unconditional and issued or confirmed by a qualified United States financial institution as defined in division (B)(2) of section 3901.63 of the Revised Code. The letter of credit shall contain an issue date and date of expiration and shall stipulate that the beneficiary need only draw a sight draft under the letter of credit and present it to obtain funds and that no other document need be presented. The letter of credit shall also indicate that it is not subject to any condition or qualifications outside of the letter of credit. In addition, the letter of credit itself shall not contain reference to any other agreements, documents or entities, except as provided in paragraph (J)(9)(a) of this rule. As used in this paragraph, "beneficiary" means the domestic insurer for whose benefit the letter of credit has been established and any successor of the beneficiary by operation of law. If a court of law appoints a successor in interest to the named beneficiary, then the named beneficiary includes and is limited to the court appointed domiciliary receiver (including conservator, rehabilitator or liquidator).	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(J)(1)	Shall	(1) The letter of credit must be clean, irrevocable and unconditional and issued or confirmed by a qualified United States financial institution as defined in division (B)(2) of section 3901.63 of the Revised Code. The letter of credit shall contain an issue date and date of expiration and shall stipulate that the beneficiary need only draw a sight draft under the letter of credit and present it to obtain funds and that no other document need be presented. The letter of credit shall also indicate that it is not subject to any condition or qualifications outside of the letter of credit. In addition, the letter of credit itself shall not contain reference to any other agreements, documents or entities, except as provided in paragraph (J)(9)(a) of this rule. As used in this paragraph, "beneficiary" means the domestic insurer for whose benefit the letter of credit has been established and any successor of the beneficiary by operation of law. If a court of law appoints a successor in interest to the named beneficiary, then the named beneficiary includes and is limited to the court appointed domiciliary receiver (including conservator, rehabilitator or liquidator).	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(J)(1)	Shall Not	(1) The letter of credit must be clean, irrevocable and unconditional and issued or confirmed by a qualified United States financial institution as defined in division (B)(2) of section 3901.63 of the Revised Code. The letter of credit shall contain an issue date and date of expiration and shall stipulate that the beneficiary need only draw a sight draft under the letter of credit and present it to obtain funds and that no other document need be presented. The letter of credit shall also indicate that it is not subject to any condition or qualifications outside of the letter of credit. In addition, the letter of credit itself shall not contain reference to any other agreements, documents or entities, except as provided in paragraph (J)(9)(a) of this rule. As used in this paragraph, "beneficiary" means the domestic insurer for whose benefit the letter of credit has been established and any successor of the beneficiary by operation of law. If a court of law appoints a successor in interest to the named beneficiary, then the named beneficiary includes and is limited to the court appointed domiciliary receiver (including conservator, rehabilitator or liquidator).	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(J)(2)	Shall	(2) The heading of the letter of credit may include a boxed section which contains the name of the applicant and other appropriate notations to provide a reference for the letter of credit. The boxed section shall be clearly marked to indicate that such information is for internal identification purposes only.		No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(J)(3)	Shall	(3) The letter of credit shall contain a statement to the effect that the obligation of the qualified United States financial institution under the letter of credit is in no way contingent upon reimbursement with respect thereto	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(J)(4)	Shall	(4) The term of the letter of credit shall be for at least one year and shall contain an "evergreen clause" which prevents the expiration of the letter of credit without due notice from the issuer. The "evergreen clause" shall provide for a period of no less than thirty days' notice prior to expiry date or nonrenewal.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(J)(5)	Shall	(5) The letter of credit shall state whether it is subject to and governed by the laws of this state or the "Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce Publication 600 (UCP 600) or International Standby Practices of the International Chamber of Commerce Publication 590 (ISP98)," and all drafts drawn thereunder shall be presentable at an office in the United States of a qualified United States financial institution	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(J)(5)	Shall	(5) The letter of credit shall state whether it is subject to and governed by the laws of this state or the "Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce Publication 600 (UCP 600) or International Standby Practices of the International Chamber of Commerce Publication 590 (ISP98)," and all drafts drawn thereunder shall be presentable at an office in the United States of a qualified United States financial institution	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(J)(6)	Shall	(6) If the letter of credit is made subject to the "Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce (Publication 600)," then the letter of credit shall specifically address and make provision for an extension of time to draw against the letter of credit in the event that one or more of the occurrences specified in "Article 19 of Publication 600 occur."	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(J)(7)	Shall	(7) The letter of credit shall be issued or confirmed by a qualified United States financial institution authorized to issue letters of credit, pursuant to division (B)(2) of section 3901.63 of the Revised Code.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(J)(8)(a-b)	Shall	(8) If the letter of credit is issued by a financial institution authorized to issue letters of credit, other than a qualified United States financial institution as described in paragraph (J)(7) of this rule, then the following additional requirements shall be met: (a) The issuing financial institution shall formally designate the confirming qualified United States financial institution as its agent for the receipt and payment of the drafts, and (b) The "evergreen clause" shall provide for thirty days' notice prior to expiry date for nonrenewal.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(J)(9)(a)(i)	Require	(a) The reinsurance agreement in conjunction with which the letter of credit is obtained may contain provisions which: (i) Require the assuming insurer to provide letters of credit to the ceding insurer and specify what they are to cover.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(J)(9)(a)(ii)	Other - requires an action	(a) The reinsurance agreement in conjunction with which the letter of credit is obtained may contain provisions which: (ii) Stipulate that the assuming insurer and ceding insurer agree that the letter of credit provided by the assuming insurer pursuant to the provisions of the reinsurance agreement may be drawn upon at any time, notwithstanding any other provisions in the agreement, and shall be utilized by the ceding insurer or its successors in interest only for one or more of the following reasons: (a) To reimburse the ceding insurer for the assuming insurer's share of premiums returned to the owners of policies reinsured under the reinsurance agreement on account of cancellations of such policies; (b) To reimburse the ceding insurer for the assuming insurer's share of surrenders and benefits or losses paid by the ceding insurer under the terms and provisions of the policies reinsured under the reinsurance agreement; (c) To fund an account with the ceding insurer in an amount at least equal to the deduction, for reinsurance ceded, from the ceding insurer's liabilities for policies ceded under the agreement (such amount shall include, but not be limited to, amounts for policy reserves, claims and losses incurred and unearned premium reserves); and (d) To pay any other amounts the ceding insurer claims are due under the reinsurance agreement.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority

3901-3-16	(J)(10)	May Not	(10) A letter of credit may not be used to reduce any liability for reinsurance ceded to an unauthorized assuming insurer in financial statements required to be filed with this department unless an acceptable letter of credit with the filing ceding insurer as beneficiary has been issued on or before the date of filing of the financial statement. Further, the reduction for the letter of credit may be up to the amount available under the letter of credit but no greater than the specific obligation under the reinsurance agreement which the letter of credit was intended to secure.		No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(J)(10)	Other - prohibits an action	(10) A letter of credit may not be used to reduce any liability for reinsurance ceded to an unauthorized assuming insurer in financial statements required to be filed with this department unless an acceptable letter of credit with the filing ceding insurer as beneficiary has been issued on or before the date of filing of the financial statement. Further, the reduction for the letter of credit may be up to the amount available under the letter of credit but no greater than the specific obligation under the reinsurance agreement which the letter of credit was intended to secure.		No, general rulemaking authority	No, general rulemaking authority
3901-3-16	(M)	Shall	(M) Contracts affected All new and renewal reinsurance transactions entered into after December 31, 1997 shall conform to the requirements of sections 3901.61 to 3901.65 of the Revised Code and this rule if credit is to be given to the ceding insurer for such reinsurance.	R.C. 3901.041, 3901.65	Yes, state law	Yes, state law
3901-3-16	(N)	Shall Not	(N) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	R.C. 3901.041, 3901.65	No, general rulemaking authority	No, general rulemaking authority
3901-3-17	(D)(2)	Shall	(2) Except as provided in paragraphs (D)(3) and (D)(4) of this rule, the annuity 2000 mortality table shall be used for determining the minimum standard of valuation for any individual annuity or pure endowment contract issued on or after January 1, 1999.	R.C. 3901.041, 3903.723, 3903.725	No, general rulemaking authority	No, general rulemaking authority
3901-3-17	(D)(3)	Shall	(3) Except as provided in paragraph (D)(4) of this rule, the 2012 IAR mortality table shall be used for determining the minimum standard of valuation for any individual annuity or pure endowment contract issued on or after January 1, 2016.	R.C. 3901.041, 3903.723, 3903.725	No, general rulemaking authority	No, general rulemaking authority
3901-3-17	(D)(4)	Other - requires an action	(4) The 1983 table "A" without projection is to be used for determining the minimum standards of valuation for an individual annuity or pure endowment contract issued on or after January 1, 1999, solely when the contract is based on life contingencies and is issued to fund periodic benefits arising from: (a) Settlements of various forms of claims pertaining to court settlements or out of court settlements from tort actions; (b) Settlements involving similar actions such as worker's compensation claims; or (c) Settlements of long term disability claims where a temporary or life annuity has been used in lieu of continuing disability payments.	R.C. 3901.041, 3903.723, 3903.725	No, general rulemaking authority	No, general rulemaking authority

3901-3-17	(E)	Other - requires an action	In using the 2012 IAR mortality table, the mortality rate for a person age x in year (2012+n) is calculated as follows: $q_x^{2012+n}=q_x^{2012}(1-G2_x)^n$ The resulting q_x^{2012+n} shall be rounded to three decimal places per one thousand, e.g., 0.741 deaths per one thousand. Also, the rounding shall occur according to the formula, starting at the 2012 period table rate. For example, for a male age thirty, q_x^{2012}= 0.741 q_x^{2013}= 0.741 *(1- 0.010)^1= 0.73359, which is rounded to 0.734. q_x^{2014}= 0.741 *(1- 0.010)^2= 0.7262541, which is rounded to 0.726. A method leading to incorrect rounding would be to calculate q_x^{2014} as q_x^{2013}*(1- 0.010), or 0.734 * 0.99 = 0.727. It is incorrect to use the already rounded q_x^{2013} to calculate q_x^{2014}.	R.C. 3901.041, 3903.723, 3903.725	No, general rulemaking authority	No, general rulemaking authority
3901-3-17	(F)(2)	Shall	(2) The 1994 GAR table shall be used for determining the minimum standard of valuation for any annuity or pure endowment purchased on or after January 1, 1999 under a group annuity or pure endowment contract.	R.C. 3901.041, 3903.723, 3903.725	No, general rulemaking authority	No, general rulemaking authority
3901-3-17	(G)	Shall Not	In using the 1994 GAR table, the mortality rate for a person age x in year (1994 + n) is calculated as follows: $q_x^{1994+n} = q_x^{1994}(1 - AA_x)^n$ Where the q_x^{1994}s and the AA_x s are as specified in the 1994 GAR table.	R.C. 3901.041, 3903.723, 3903.725	No, general rulemaking authority	No, general rulemaking authority
3901-3-17	(H)	Shall Not	(H) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	R.C. 3901.041, 3903.723, 3903.725	No, general rulemaking authority	No, general rulemaking authority
3901-3-18	(E)	Shall	(E) Financial examinations and analysis The Ohio department of insurance shall employ the most current version of "Valuation of Securities Manual", the "Purpose and Procedures Manual of the Securities Valuation Office", the "Accounting Practices and Procedures Manual," The "Examiners Handbook," the "annual statement blanks" and the "annual statement instructions" published by the "National Association of Insurance Commissioners" in discharging its duty to examine and analyze the financial condition of insurers authorized to conduct business in the state of Ohio.	R.C. 3901.041, 3901.07, 3901.77, 1739.09, 1751.47	No, general rulemaking authority	No, general rulemaking authority
3901-3-18	(F)	Shall	(F) Preparation of financial statements All domestic insurers shall employ the most current version of the "Valuation of Securities Manual", the "Purpose and Procedures Manual of the Securities Valuation Office", the "Accounting Practices and Procedures Manual" and the "annual statement instructions" published by the "National Association of Insurance Commissioners" for the purpose of preparing and filing quarterly and annual statements with the Ohio department of insurance and other financial information.	R.C. 3901.041, 3901.07, 3901.77, 1739.09, 1751.47	No, general rulemaking authority	No, general rulemaking authority

3901-3-18	(G)	Shall Not	(G) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	R.C. 3901.041, 3901.07, 3901.77, 1739.09, 1751.47	No, general rulemaking authority	No, general rulemaking authority
3901-3-19	3901-3-19 (D) (1)	Shall	(D) Filing procedure (1) An insurer, or the insurance group of which the insurer is a member, required to file a CGAD by section 3901.073 of the Revised Code, shall, no later than June first of each calendar year, submit to the superintendent a CGAD that contains the information described in paragraph (E) of this rule.	Statutory Authority: 3901.77, 3901.041, Rule Amplifies 3901.074	Yes, state law	Yes, state law
3901-3-19	3901-3-19 (D) (2)	Other - requires an action	(2) The CGAD must include a signature of the insurer's or insurance group's chief executive officer or corporate secretary attesting to the best of that individual's belief and knowledge that the insurer or insurance group has implemented the corporate governance practices and that a copy of the CGAD has been provided to the insurer's or insurance groups board or the appropriate committee thereof.	Statutory Authority: 3901.77, 3901.041, Rule Amplifies 3901.074	Yes, state law	Yes, state law
3901-3-19	3901-3-19 (D) (3)	Shall	(3) The insurer or insurance group shall have the discretion regarding the appropriate format for providing the information required by these regulations and is permitted to customize the CGAD to provide the most relevant information necessary to permit the superintendent to gain an understanding of the corporate governance structure, policies and practices utilized by the insurer or the insurance group.	Statutory Authority: 3901.77, 3901.041, Rule Amplifies 3901.074	Yes, state law	Yes, state law
3901-3-19	3901-3-19 (D) (4)	Shall	(4) For purposes of completing the CGAD, the insurer or insurance group may choose to provide information on governance activities that occur at the ultimate controlling parent level, an intermediate holding company level, and/or the individual legal entity level, depending upon how the insurer or insurance group has structured its system of corporate governance. The insurer or insurance group is encouraged to make the CGAD disclosures at the level at which the insurer's or insurance group's risk appetite is determined, or at which the earnings, capital, liquidity, operations, and reputation of the insurer are overseen collectively and at which the supervision of those factors are coordinated and exercised, or the level at which legal liability for failure of general corporate governance duties would be placed. If the insurer or insurance group determines the level of reporting based on these criteria, it shall indicate which of the three criteria was used to determine the level of reporting and explain any subsequent changes in level of reporting.	Statutory Authority: 3901.77, 3901.041, Rule Amplifies 3901.074	Yes, state law	Yes, state law
3901-3-19	3901-3-19 (D) (5)	Must	(5) Notwithstanding paragraph (D)(1) of this rule, and as outlined in section 3901.073 of the Revised Code, if the CGAD is completed at the insurance group level, then it must be filed with the lead state of the group as determined by the procedures outlined in the most recent financial analysis handbook adopted by the NAIC. In these instances, a copy of the CGAD must also be provided, upon request, to the chief regulatory official of any state in which the insurance group has a domestic insurer.		Yes, state law	Yes, state law

3901-3-19	3901-3-19 (D) (6)	Shall	(6) An insurer or insurance group may comply with this section by referencing other existing documents, such as an own risk and solvency assessment (ORSA) summary report, holding company form B or form F filings, securities and exchange commission proxy statements, foreign regulatory reporting requirements, etc., if the documents provide information that is comparable to the information described in paragraph (E) of this rule. The insurer or insurance group shall clearly reference the location of the relevant information with the CGAD and attach the referenced document if it is not already filed with the department.	Statutory Authority: 3901.77, 3901.041, Rule Amplifies 3901.074	Yes, state law	Yes, state law
3901-3-19	3901-3-19 (D) (7)	Shall	(7) Each year following the initial filing of the CGAD, the insurer or insurance group shall file an amended version of the previously filed CGAD, indicating revisions made, or a copy of the prior year filing with a dated statement indicating that no changes have been made in the information or activities reported in the previous year CGAD.	Statutory Authority: 3901.77, 3901.041, Rule Amplifies 3901.074	Yes, state law	Yes, state law
3901-3-19	3901-3-19 (E) (1)	Shall	(E) Contents of corporate governance annual disclosure (1) The insurer or insurance group shall be as descriptive as possible in completing the CGAD, with inclusion of attachments or example documents that are used in the governance process, since these may provide a means to demonstrate the strengths of their governance framework and practices.	Statutory Authority: 3901.77, 3901.041, Rule Amplifies 3901.074	Yes, state law	Yes, state law
3901-3-19	3901-3-19 (E) (2)	Shall	(2) The CGAD shall describe the insurer's or insurance group's corporate governance framework and structure including consideration of the following:	Statutory Authority: 3901.77, 3901.041, Rule Amplifies 3901.074	No, general rulemaking authority	No, general rulemaking authority
3901-3-19	3901-3-19 (E) (2) (a)	Shall	(a) The board and various committees thereof ultimately responsible for overseeing the insurer or insurance group and the level(s) at which that oversight occurs, such as ultimate control level, intermediate holding company, legal entity, etc. The insurer or insurance group shall describe and discuss the rationale for the current board size and structure; and	Statutory Authority: 3901.77, 3901.041, Rule Amplifies 3901.074	No, general rulemaking authority	No, general rulemaking authority

3901-3-19	3901-3-19 (E) (2) (b)	Other - requires an action	(b) The duties of the board and each of its significant committees and how they are governed, such as bylaws, charters, informal mandates, etc., as well as how the board's leadership is structured, including a discussion of the roles of chief executive officer and chairman of the board within the organization.	Statutory Authority: 3901.77, 3901.041, Rule Amplifies 3901.074	No, general rulemaking authority	No, general rulemaking authority
3901-3-19	3901-3-19 (E) (3)	Other - requires an action	(a) How the qualifications, expertise and experience of each board member meet the needs of the insurer or insurance group; (a) How the qualifications, expertise and experience of each board member meet the needs of the insurer or insurance group; (b) How an appropriate amount of independence is maintained on the board and its significant committees; (c) The number of meetings held by the board and its significant committees over the past year as well as information on director attendance; (d) How the insurer or insurance group identifies, nominates and elects members to the board and its committees. The discussion should include, for example: (i) Whether a nomination committee is in place to identify and select individuals for consideration; (ii) Whether term limits are placed on directors; (iii) How the election and re-election processes function; and (iv) Whether a board diversity policy is in place and if so, how it functions. (e) The processes in place for the board to evaluate its performance and the performance of its committees, as well as any recent measures taken to improve performance, including any board or committee training programs that have been put in place.	Statutory Authority: 3901.77, 3901.041, Rule Amplifies 3901.074	No, general rulemaking authority	No, general rulemaking authority

3901-3-19	3901-3-19 (E) (4)	Shall	(4) The insurer or insurance group shall describe the policies and practices for directing senior management, including a description of the following factors: (a) Any process or practices, such as suitability standards, to determine whether officers and key persons in control functions have the appropriate background, experience and integrity to fulfill their prospective roles, including: (i) Identification of the specific positions for which suitability standards have been developed and a description of the standards employed; and (ii) Any changes in an officer's or key person's suitability as outlined by the insurer's or insurance group's standards and procedures to monitor and evaluate. (b) The insurer's or insurance group's code of business conduct and ethic, the discussion of which considers, for example: (i) Compliance with laws, rules, and regulations; and (ii) Proactive reporting of any illegal or unethical behavior. (c) The insurer's or insurance group's processes for performance evaluation, compensation and corrective action to ensure effective senior management throughout the organization, including a description of the general objectives of significant compensation programs and what the programs are designed to reward. The description shall include sufficient detail to allow the superintendent to understand how the organization ensures that compensation programs do not encourage and/or reward excessive risk taking. Elements	Statutory Authority: 3901.77, 3901.041, Rule Amplifies 3901.074	No, general rulemaking authority	No, general rulemaking authority
3901-3-19	3901-3-19 (F)	Shall Not	(F) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(D)	Shall	For the purpose of this rule, the terms "long-term care insurance," "group long-term care insurance," "applicant," "policy" and "certificate" shall have the meanings set forth in section 3923.41 of the Revised Code. In addition, the following definitions apply.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	Yes, state law	Yes, state law
3901-4-01	3901-4-01(D)(1)	Shall	(1) "Association" shall mean any professional, trade, or occupational association for its members or former or retired members, or combination thereof, if such association:(a) Is composed of individuals all of whom are or were actively engaged in the same profession, trade or occupation; and (b) Has been maintained in good faith for purposes other than obtaining insurance.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(D)(2)(a)(i)-(ii)	Other - requires an action	(2) "Exceptional increase" means:(a) Only those increases filed by an insurer as exceptional for which the superintendent determines the need for the premium rate increase is justified: (i) Due to changes in laws or regulations applicable to long-term care coverage in this state; or (ii) Due to increased and unexpected utilization that affects the majority of insurers of similar products.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(D)(2)(d)	Shall	(d) The superintendent, in determining that the necessary basis for an exceptional increase exists, shall also determine any potential offsets to higher claims costs.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(D)(3)	Shall	(3) "Incidental," as used in paragraph (T)(10) of this rule, means that the value of the long-term care benefits provided is less than ten per cent of the total value of the benefits provided over the life of the policy. These values shall be measured as of the date of issue.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(E)	Shall	(E) Policy definitions - No long-term care insurance policy delivered or issued for delivery in this state shall use the terms set forth below, unless the terms are defined in the policy and the definitions satisfy the following requirements: (1) "Activities of daily living" means at least bathing, continence, dressing, eating, toileting and transferring. (2) "Acute condition" means that the individual is medically unstable. Such an individual requires frequent monitoring by medical professionals, such as physicians and registered nurses, in order to maintain his or her health status. (3) "Adult day care" means a program for six or more individuals, of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home. (4) "Bathing" means washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower. (5) "Cognitive impairment" means a deficiency in a person's short or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness. (6) "Continence" means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag). (7) "Dressing" means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs. (8) "Eating" means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table)	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(1)	Shall Not	(1) Renewability. The terms "guaranteed renewable" and "noncancellable" shall not be used in any individual long-term care insurance policy without further explanatory language in accordance with the disclosure requirements of paragraph (I) of this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(1)(a)	Shall Not	(a) A policy issued to an individual shall not contain renewal provisions other than "guaranteed renewable" or "noncancellable."	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(1)(b)	Other - prohibits an action	(b) The term "guaranteed renewable" may be used only when the insured has the right to continue the long-term care insurance in force by the timely payment of premiums and when the insurer has no unilateral right to make any change in any provision of the policy or rider while the insurance is in force, and cannot decline to renew, except that rates may be revised by the insurer on a class basis.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(1)(c)	Other - prohibits an action	(c) The term "noncancellable" may be used only when the insured has the right to continue the long-term care insurance in force by the timely payment of premiums during which period the insurer has no right to unilaterally make any change in any provision of the insurance or in the premium rate.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(1)(d)	Other - prohibits an action	(d) The term "level premium" may only be used when the insurer does not have the right to change the premium.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(F)(1)(e)	Shall	(e) In addition to the other requirements of this paragraph, a qualified long-term care insurance contract shall be guaranteed renewable, within the meaning of section 7702B(b)(1)(C) of the Internal Revenue Code of 1986, as amended.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	Yes, federal law	Yes, federal law
3901-4-01	3901-4-01(F)(2)(a)-(g)	May Not	(2) Limitations and exclusions. A policy may not be delivered or issued for delivery in this state as long-term care insurance if the policy limits or excludes coverage by type of illness, treatment, medical condition or accident, except as follows: (a) Preexisting conditions or diseases; (b) Mental or nervous disorders; however, this shall not permit exclusion or limitation of benefits on the basis of alzheimer's disease; (c) Alcoholism and drug addiction; (d) Illness, treatment or medical condition arising out of: i) War or act of war (whether declared or undeclared); (ii) Participation in a felony, riot or insurrection; (iii) Service in the armed forces or units auxiliary thereto; (iv) Suicide (sane or insane), attempted suicide or intentionally self-inflicted injury; or (v) Aviation (this exclusion applies only to non-fare-paying passengers). (e) Treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under medicare or other governmental program (except medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law, services provided by a member of the covered person's immediate family and services for which no charge is normally made in the absence of insurance; (f) Expenses for services or items available or paid under another long-term care insurance or health insurance policy; (g) In the case of a qualified long-term care insurance contract, expenses for services or items to the extent that the expenses are reimbursable under Title XVIII of the Social	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(2)(h)(i)	Other - prohibits an action	(i) This paragraph is not intended to prohibit exclusions and limitations by type of provider. However, no long term care issuer may deny a claim because services are provided in a state other then the state of policy issue under the following conditions: (a) When the state other then the state of policy issue does not have the provider licensing, certification or registration required in the policy, but where the provider satisfies the policy requirements outlined for providers in lieu of licensure, certification or registration; or (b) When the state other than the state of policy issue licenses, certifies or registers the provider under another name.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(3)	Shall	3) Extension of benefits. Termination of long-term care insurance shall be without prejudice to any benefits payable for institutionalization if the institutionalization began while the long-term care insurance was in force and continues without interruption after termination. The extension of benefits beyond the period the long-term care insurance was in force may be limited to the duration of the benefit period, if any, or to payment of the maximum benefits and may be subject to any policy waiting period, and all other applicable provisions of the policy.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(F)(4)(a)	Shall	(a) Group long-term care insurance issued in this state on or after the effective date of this paragraph shall provide covered individuals with a basis for continuation or conversion of coverage.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(4)(b)	Shall	The superintendent shall make a determination as to the substantial equivalency of benefits, and in doing so, shall take into consideration the differences between managed care and non-managed care plans, including, but not limited to, provider system arrangements, service availability, benefit levels and administrative complexity.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(4)(c)	Shall	(c) For the purposes of this paragraph, a "basis for conversion of coverage" means a policy provision that an individual whose coverage under the group policy would otherwise terminate or has been terminated for any reason, including discontinuance of the group policy in its entirety or with respect to an insured class, and who has been continuously insured under the group policy (and any group policy which it replaced), for at least six months immediately prior to termination, shall be entitled to the issuance of a converted policy by the insurer under whose group policy he or she is covered, without evidence of insurability.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.		No, general rulemaking authority
3901-4-01	3901-4-01(F)(4)(d)	Other - requires an action	(d) For the purposes of this paragraph, "converted policy" means an individual policy of long-term care insurance providing benefits identical to or benefits determined by the superintendent to be substantially equivalent to or in excess of those provided under the group policy from which conversion is made. Where the group policy from which conversion is made restricts provision of benefits and services to, or contains incentives to use certain providers or facilities, the superintendent, in making a determination as to the substantial equivalency of benefits, shall take into consideration the differences between managed care and non-managed care plans, including, but not limited to, provider system arrangements, service availability, benefit levels and administrative complexity.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(4)(d)	Shall	(d) For the purposes of this paragraph, "converted policy" means an individual policy of long-term care insurance providing benefits identical to or benefits determined by the superintendent to be substantially equivalent to or in excess of those provided under the group policy from which conversion is made. Where the group policy from which conversion is made restricts provision of benefits and services to, or contains incentives to use certain providers or facilities, the superintendent, in making a determination as to the substantial equivalency of benefits, shall take into consideration the differences between managed care and non-managed care plans, including, but not limited to, provider system arrangements, service availability, benefit levels and administrative complexity.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(4)(e)	Shall	(e) Written application for the converted policy shall be made and the first premium due, if any, shall be paid as directed by the insurer not later than thirty days after termination of coverage under the group policy. The converted policy shall be issued effective on the day following the termination of coverage under the group policy, and shall be renewable annually.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(F)(4)(e)	Shall	(e) Written application for the converted policy shall be made and the first premium due, if any, shall be paid as directed by the insurer not later than thirty days after termination of coverage under the group policy. The converted policy shall be issued effective on the day following the termination of coverage under the group policy, and shall be renewable annually.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(4)(f)	Shall	(f) Unless the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated on the basis of the insured's age at inception of coverage under the group policy from which conversion is made. Where the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated on the basis of the insured's age at inception of coverage under the group policy replaced.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(4)(f)	Shall	(f) Unless the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated on the basis of the insured's age at inception of coverage under the group policy from which conversion is made. Where the group policy from which conversion is made replaced previous group coverage, the premium for the converted policy shall be calculated on the basis of the insured's age at inception of coverage under the group policy replaced.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(4)(g)	Shall	(g) Continuation of coverage or issuance of a converted policy shall be mandatory, except where: (i) Termination of group coverage resulted from an individual's failure to make any required payment of premium or contribution when due; or (ii) The termination coverage is replaced not later than thirty-one days after termination, by group coverage effective on the day following the termination of coverage:	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(4)(g)(ii)(a)	Shall	(ii) The termination coverage is replaced not later than thirty-one days after termination, by group coverage effective on the day following the termination of coverage:(a) Providing benefits identical to or benefits determined by the superintendent to be substantially equivalent to or in excess of those provided by the terminating coverage; and	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(4)(h)	Shall	(h) Notwithstanding any other provisions of this paragraph, a converted policy issued to an individual who at the time of conversion is covered by another long-term care insurance policy that provides benefits on the basis of incurred expenses, may contain a provision that results in a reduction of benefits payable if the benefits provided under the additional coverage, together with the full benefits provided by the converted policy, would result in payment of more than one hundred per cent of incurred expenses. The provision shall only be included in the converted policy if the converted policy also provides for a premium decrease or refund which reflects the reduction in benefits payable.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(4)(i)	Shall Not	(i) The converted policy may provide that the benefits payable under the converted policy, together with the benefits payable under the group policy from which conversion is made, shall not exceed those that would have been payable had the individual's coverage under the group policy remained in force and effect.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(F)(4)(j)	Shall	(j) Notwithstanding any provision of this paragraph, an insured individual whose eligibility for group long-term care coverage is based upon his or her relationship to another person shall be entitled to continuation of coverage under the group policy upon termination of the qualifying relationship by death or dissolution of marriage.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(5)	Shall	(5) Discontinuance and replacement If a group long-term care policy is replaced by another group long-term care policy issued to the same policyholder, the succeeding insurer shall offer coverage to all persons covered under the previous group policy on its date of termination. Coverage provided or offered to individuals by the insurer and premiums charged to persons under the new group policy:a) Shall not result in an exclusion for preexisting conditions that would have been covered under the group policy being replaced; and (b) Shall not vary or otherwise depend on the individual's health or disability status, claim experience or use of long-term care services.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(5)(a)	Shall Not	(5) Discontinuance and replacement If a group long-term care policy is replaced by another group long-term care policy issued to the same policyholder, the succeeding insurer shall offer coverage to all persons covered under the previous group policy on its date of termination. Coverage provided or offered to individuals by the insurer and premiums charged to persons under the new group policy:a) Shall not result in an exclusion for preexisting conditions that would have been covered under the group policy being replaced; and (b) Shall not vary or otherwise depend on the individual's health or disability status, claim experience or use of long-term care services.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(5)(b)	Shall	(5) Discontinuance and replacement If a group long-term care policy is replaced by another group long-term care policy issued to the same policyholder, the succeeding insurer shall offer coverage to all persons covered under the previous group policy on its date of termination. Coverage provided or offered to individuals by the insurer and premiums charged to persons under the new group policy:a) Shall not result in an exclusion for preexisting conditions that would have been covered under the group policy being replaced; and (b) Shall not vary or otherwise depend on the individual's health or disability status, claim experience or use of long-term care services.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(6)(a)	Shall Not	(6)(a) The premium charged to an insured shall not increase due to either: (i) The increasing age of the insured at ages beyond sixty-five; or (ii) The duration the insured has been covered under the policy.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(6)(b)	Shall	(b) The purchase of additional coverage shall not be considered a premium rate increase, but for purposes of the calculation required under paragraph (AA) of this rule, the portion of the premium attributable to the additional coverage shall be added to and considered part of the initial annual premium.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(F)(6)(b)	Shall	(b) The purchase of additional coverage shall not be considered a premium rate increase, but for purposes of the calculation required under paragraph (AA) of this rule, the portion of the premium attributable to the additional coverage shall be added to and considered part of the initial annual premium.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(6)(c)	Shall Not	(c) A reduction in benefits shall not be considered a premium change, but for purpose of the calculation required under paragraph (AA) of this rule, the initial annual premium shall be based on the reduced benefits.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(6)(c)	Shall	(c) A reduction in benefits shall not be considered a premium change, but for purpose of the calculation required under paragraph (AA) of this rule, the initial annual premium shall be based on the reduced benefits.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(7)(a)	Shall	(7) Electronic enrollment for group polices (a) In the case of a group defined in division (D) of section 3923.41 of the Revised Code, any requirement that a signature of an insured be obtained by an agent or insurer shall be deemed satisfied if: (i) The consent is obtained by telephonic or electronic enrollment by the group policyholder or insurer. A verification of enrollment information shall be provided to the enrollee;(ii) The telephonic or electronic enrollment provides necessary and reasonable safeguards to assure the accuracy, retention and prompt retrieval of records; and (iii) The telephonic or electronic enrollment provides necessary and reasonable safeguards to assure that the confidentiality of individually identifiable information and "privileged information" as defined by division (U) of section 3904.01 of the Revised Code, is maintained.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(F)(7)(b)	Shall	(b) The insurer shall make available, upon request of the superintendent, records that will demonstrate the insurer's ability to confirm enrollment and coverage amounts.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(G)(1)(a)	Shall	G) Unintentional lapse Each insurer offering long-term care insurance shall, as a protection against unintentional lapse, comply with the following: (a) Notice before lapse or termination. No individual long-term care policy or certificate shall be issued until the insurer has received from the applicant either a written designation of at least one person, in addition to the applicant, who is to receive notice of lapse or termination of the policy or certificate for nonpayment of premium, or a written waiver dated and signed by the applicant electing not to designate additional persons to receive notice. The applicant has the right to designate at least one person who is to receive the notice of termination, in addition to the insured. Designation shall not constitute acceptance of any liability on the third party for services provided to the insured. The form used for the written designation must provide space clearly designated for listing at least one person. The designation shall include each person's full name and home address. In the case of an applicant who elects not to designate an additional person, the waiver shall state: "Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for non-payment of premium. I understand that notice will not be given until thirty days after a premium is due and unpaid. I elect NOT to designate a person to receive this notice." The insurer shall notify the insured of the right to change this written designation, no less often than once every two years.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(G)(1)(a)	Shall Not	G) Unintentional lapse Each insurer offering long-term care insurance shall, as a protection against unintentional lapse, comply with the following: (a) Notice before lapse or termination. No individual long-term care policy or certificate shall be issued until the insurer has received from the applicant either a written designation of at least one person, in addition to the applicant, who is to receive notice of lapse or termination of the policy or certificate for nonpayment of premium, or a written waiver dated and signed by the applicant electing not to designate additional persons to receive notice. The applicant has the right to designate at least one person who is to receive the notice of termination, in addition to the insured. Designation shall not constitute acceptance of any liability on the third party for services provided to the insured. The form used for the written designation must provide space clearly designated for listing at least one person. The designation shall include each person's full name and home address. In the case of an applicant who elects not to designate an additional person, the waiver shall state: "Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for non-payment of premium. I understand that notice will not be given until thirty days after a premium is due and unpaid. I elect NOT to designate a person to receive this notice." The insurer shall notify the insured of the right to change this written designation, no less often than once every two years.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

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3901-4-01	3901-4-01(G)(1)(a)	Shall	G) Unintentional lapse Each insurer offering long-term care insurance shall, as a protection against unintentional lapse, comply with the following: (a) Notice before lapse or termination. No individual long-term care policy or certificate shall be issued until the insurer has received from the applicant either a written designation of at least one person, in addition to the applicant, who is to receive notice of lapse or termination of the policy or certificate for nonpayment of premium, or a written waiver dated and signed by the applicant electing not to designate additional persons to receive notice. The applicant has the right to designate at least one person who is to receive the notice of termination, in addition to the insured. Designation shall not constitute acceptance of any liability on the third party for services provided to the insured. The form used for the written designation must provide space clearly designated for listing at least one person. The designation shall include each person's full name and home address. In the case of an applicant who elects not to designate an additional person, the waiver shall state: "Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for non-payment of premium. I understand that notice will not be given until thirty days after a premium is due and unpaid. I elect NOT to designate a person to receive this notice." The insurer shall notify the insured of the right to change this written designation, no less often than once every two years.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(G)(1)(a)	Shall	G) Unintentional lapse Each insurer offering long-term care insurance shall, as a protection against unintentional lapse, comply with the following: (a) Notice before lapse or termination. No individual long-term care policy or certificate shall be issued until the insurer has received from the applicant either a written designation of at least one person, in addition to the applicant, who is to receive notice of lapse or termination of the policy or certificate for nonpayment of premium, or a written waiver dated and signed by the applicant electing not to designate additional persons to receive notice. The applicant has the right to designate at least one person who is to receive the notice of termination, in addition to the insured. Designation shall not constitute acceptance of any liability on the third party for services provided to the insured. The form used for the written designation must provide space clearly designated for listing at least one person. The designation shall include each person's full name and home address. In the case of an applicant who elects not to designate an additional person, the waiver shall state: "Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for non-payment of premium. I understand that notice will not be given until thirty days after a premium is due and unpaid. I elect NOT to designate a person to receive this notice." The insurer shall notify the insured of the right to change this written designation, no less often than once every two years.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(G)(1)(a)	Shall	G) Unintentional lapse Each insurer offering long-term care insurance shall, as a protection against unintentional lapse, comply with the following: (a) Notice before lapse or termination. No individual long-term care policy or certificate shall be issued until the insurer has received from the applicant either a written designation of at least one person, in addition to the applicant, who is to receive notice of lapse or termination of the policy or certificate for nonpayment of premium, or a written waiver dated and signed by the applicant electing not to designate additional persons to receive notice. The applicant has the right to designate at least one person who is to receive the notice of termination, in addition to the insured. Designation shall not constitute acceptance of any liability on the third party for services provided to the insured. The form used for the written designation must provide space clearly designated for listing at least one person. The designation shall include each person's full name and home address. In the case of an applicant who elects not to designate an additional person, the waiver shall state: "Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance policy for non-payment of premium. I understand that notice will not be given until thirty days after a premium is due and unpaid. I elect NOT to designate a person to receive this notice."The insurer shall notify the insured of the right to change this written designation, no less often than once every two years.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(G)(1)(b)	Shall	(b) When the policyholder or certificateholder pays premium for a long-term care insurance policy or certificate through a payroll or pension deduction plan, the requirements contained in paragraph (G)(1)(a) of this rule need not be met until sixty days after the policyholder or certificateholder is no longer on such a payment plan. The application or enrollment form for such policies or certificates shall clearly indicate the payment plan selected by the applicant.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(G)(1)(c)	Shall	(c) Lapse or termination for nonpayment of premium. No individual long-term care policy or certificate shall lapse or be terminated for nonpayment of premium unless the insurer, at least thirty days before the effective date of the lapse or termination, has given notice to the insured and to those persons designated pursuant to paragraph (G)(1)(a) of this rule, at the address provided by the insured for purposes of receiving notice of lapse or termination. Notice shall be given by first class United Sates mail, postage prepaid; and notice may not be given until thirty days after a premium is due and unpaid. Notice shall be deemed to have been given as of five days after the date of mailing.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(G)(1)(c)	Shall	(c) Lapse or termination for nonpayment of premium. No individual long-term care policy or certificate shall lapse or be terminated for nonpayment of premium unless the insurer, at least thirty days before the effective date of the lapse or termination, has given notice to the insured and to those persons designated pursuant to paragraph (G)(1)(a) of this rule, at the address provided by the insured for purposes of receiving notice of lapse or termination. Notice shall be given by first class United Sates mail, postage prepaid; and notice may not be given until thirty days after a premium is due and unpaid. Notice shall be deemed to have been given as of five days after the date of mailing.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(G)(1)(c)	Shall	(c) Lapse or termination for nonpayment of premium. No individual long-term care policy or certificate shall lapse or be terminated for nonpayment of premium unless the insurer, at least thirty days before the effective date of the lapse or termination, has given notice to the insured and to those persons designated pursuant to paragraph (G)(1)(a) of this rule, at the address provided by the insured for purposes of receiving notice of lapse or termination. Notice shall be given by first class United Sates mail, postage prepaid; and notice may not be given until thirty days after a premium is due and unpaid. Notice shall be deemed to have been given as of five days after the date of mailing.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(G)(2)	Shall	(2) Reinstatement. In addition to the requirement in paragraph (G)(1) of this rule, a long-term care insurance policy or certificate shall include a provision that provides for reinstatement of coverage, in the event of lapse if the insurer is provided proof that the policyholder or certificateholder was cognitively impaired or had a loss of functional capacity before the grace period contained in the policy expired. This option shall be available to the insured if requested within five months after termination and shall allow for the collection of past due premium, where appropriate. The standard of proof of cognitive impairment or loss of functional capacity shall not be more stringent than the benefit eligibility criteria on cognitive impairment or the loss of functional capacity contained in the policy and certificate.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(G)(2)	Shall	(2) Reinstatement. In addition to the requirement in paragraph (G)(1) of this rule, a long-term care insurance policy or certificate shall include a provision that provides for reinstatement of coverage, in the event of lapse if the insurer is provided proof that the policyholder or certificateholder was cognitively impaired or had a loss of functional capacity before the grace period contained in the policy expired. This option shall be available to the insured if requested within five months after termination and shall allow for the collection of past due premium, where appropriate. The standard of proof of cognitive impairment or loss of functional capacity shall not be more stringent than the benefit eligibility criteria on cognitive impairment or the loss of functional capacity contained in the policy and certificate.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(G)(2)	Shall	(2) Reinstatement. In addition to the requirement in paragraph (G)(1) of this rule, a long-term care insurance policy or certificate shall include a provision that provides for reinstatement of coverage, in the event of lapse if the insurer is provided proof that the policyholder or certificateholder was cognitively impaired or had a loss of functional capacity before the grace period contained in the policy expired. This option shall be available to the insured if requested within five months after termination and shall allow for the collection of past due premium, where appropriate. The standard of proof of cognitive impairment or loss of functional capacity shall not be more stringent than the benefit eligibility criteria on cognitive impairment or the loss of functional capacity contained in the policy and certificate.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(G)(2)	Shall Not	(2) Reinstatement. In addition to the requirement in paragraph (G)(1) of this rule, a long-term care insurance policy or certificate shall include a provision that provides for reinstatement of coverage, in the event of lapse if the insurer is provided proof that the policyholder or certificateholder was cognitively impaired or had a loss of functional capacity before the grace period contained in the policy expired. This option shall be available to the insured if requested within five months after termination and shall allow for the collection of past due premium, where appropriate. The standard of proof of cognitive impairment or loss of functional capacity shall not be more stringent than the benefit eligibility criteria on cognitive impairment or the loss of functional capacity contained in the policy and certificate.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(1)(a)	Shall	(H) Required disclosure provisions(1) Renewability. Individual long-term care insurance policies shall contain a renewability provision.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(1)(a)	Shall	(a) The provision shall be appropriately captioned, shall appear on the first page of the policy, and shall clearly state that the coverage is guaranteed renewable or noncancellable. This provision shall not apply to policies that do not contain a renewability provision, and under which the right to nonrenew is reserved solely to the policyholder.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(H)(1)(a)	Shall Not	(a) The provision shall be appropriately captioned, shall appear on the first page of the policy, and shall clearly state that the coverage is guaranteed renewable or noncancellable. This provision shall not apply to policies that do not contain a renewability provision, and under which the right to nonrenew is reserved solely to the policyholder.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(1)(b)	Shall	(b) A long-term care insurance policy or certificate, other than one where the insurer does not have the right to change the premium, shall include a statement that premium rates may change.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(2)	Shall	(2) Riders and endorsements. Except for riders or endorsements by which the insurer effectuates a request made in writing by the insured under an individual long-term care insurance policy, all riders or endorsements added to an individual long-term care insurance policy after date of issue or at reinstatement or renewal that reduce or eliminate benefits or coverage in the policy shall require signed acceptance by the individual insured. After the date of policy issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term must be agreed to in writing signed by the insured, except if the increased benefits or coverage are required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy, rider or endorsement.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(2)	Must	(2) Riders and endorsements. Except for riders or endorsements by which the insurer effectuates a request made in writing by the insured under an individual long-term care insurance policy, all riders or endorsements added to an individual long-term care insurance policy after date of issue or at reinstatement or renewal that reduce or eliminate benefits or coverage in the policy shall require signed acceptance by the individual insured. After the date of policy issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term must be agreed to in writing signed by the insured, except if the increased benefits or coverage are required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy, rider or endorsement.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(2)	Shall	(2) Riders and endorsements. Except for riders or endorsements by which the insurer effectuates a request made in writing by the insured under an individual long-term care insurance policy, all riders or endorsements added to an individual long-term care insurance policy after date of issue or at reinstatement or renewal that reduce or eliminate benefits or coverage in the policy shall require signed acceptance by the individual insured. After the date of policy issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term must be agreed to in writing signed by the insured, except if the increased benefits or coverage are required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy, rider or endorsement.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(H)(3)	Shall	(3) Payment of benefits. A long-term care insurance policy that provides for the payment of benefits based on standards described as "usual and customary," "reasonable and customary" or words of similar import shall include a definition of these terms and an explanation of the terms in its accompanying outline of coverage.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(4)	Shall	(4) Limitations. If a long-term care insurance policy or certificate contains any limitations with respect to preexisting conditions, the limitations shall appear as a separate paragraph of the policy or certificate and shall be labeled as "Preexisting Condition Limitations."	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(5)	Shall	(5) Other limitations or conditions on eligibility for benefits. A long-term care insurance policy or certificate containing any limitations or conditions for eligibility other than those prohibited in divisions (E)(2) and (F) of section 3923.44 of the Revised Code shall set forth a description of the limitations or conditions, including any required number of days of confinement, in a separate paragraph of the policy or certificate and shall label such paragraph "Limitations or Conditions on Eligibility for Benefits."	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(6)	Require	(6) Disclosure of tax consequences. With regard to life insurance policies that provide an accelerated benefit for long-term care, a disclosure statement is required at the time of application for the policy or rider and at the time the accelerated benefit payment request is submitted that receipt of these accelerated benefits may be taxable, and that assistance should be sought from a personal tax advisor. The disclosure statement shall be prominently displayed on the first page of the policy or rider and any other related documents. This paragraph shall not apply to qualified long-term care insurance contracts.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(6)	Shall	(6) Disclosure of tax consequences. With regard to life insurance policies that provide an accelerated benefit for long-term care, a disclosure statement is required at the time of application for the policy or rider and at the time the accelerated benefit payment request is submitted that receipt of these accelerated benefits may be taxable, and that assistance should be sought from a personal tax advisor. The disclosure statement shall be prominently displayed on the first page of the policy or rider and any other related documents. This paragraph shall not apply to qualified long-term care insurance contracts.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(6)	Shall Not	(6) Disclosure of tax consequences. With regard to life insurance policies that provide an accelerated benefit for long-term care, a disclosure statement is required at the time of application for the policy or rider and at the time the accelerated benefit payment request is submitted that receipt of these accelerated benefits may be taxable, and that assistance should be sought from a personal tax advisor. The disclosure statement shall be prominently displayed on the first page of the policy or rider and any other related documents. This paragraph shall not apply to qualified long-term care insurance contracts.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(H)(7)	Shall	(7) Benefit triggers. Activities of daily living and cognitive impairment shall be used to measure an insured's need for long term care and shall be described in the policy or certificate in a separate paragraph and shall be labeled "Eligibility for the Payment of Benefits." Any additional benefit triggers shall also be explained in this section. If these triggers differ for different benefits, explanation of the trigger shall accompany each benefit description. If an attending physician or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too shall be specified.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(7)	Shall	(7) Benefit triggers. Activities of daily living and cognitive impairment shall be used to measure an insured's need for long term care and shall be described in the policy or certificate in a separate paragraph and shall be labeled "Eligibility for the Payment of Benefits." Any additional benefit triggers shall also be explained in this section. If these triggers differ for different benefits, explanation of the trigger shall accompany each benefit description. If an attending physician or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too shall be specified.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(7)	Shall	(7) Benefit triggers. Activities of daily living and cognitive impairment shall be used to measure an insured's need for long term care and shall be described in the policy or certificate in a separate paragraph and shall be labeled "Eligibility for the Payment of Benefits." Any additional benefit triggers shall also be explained in this section. If these triggers differ for different benefits, explanation of the trigger shall accompany each benefit description. If an attending physician or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too shall be specified.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(7)	Shall	(7) Benefit triggers. Activities of daily living and cognitive impairment shall be used to measure an insured's need for long term care and shall be described in the policy or certificate in a separate paragraph and shall be labeled "Eligibility for the Payment of Benefits." Any additional benefit triggers shall also be explained in this section. If these triggers differ for different benefits, explanation of the trigger shall accompany each benefit description. If an attending physician or other specified person must certify a certain level of functional dependency in order to be eligible for benefits, this too shall be specified.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(8)	Shall	(8) A qualified long-term care insurance contract shall include a disclosure statement in the policy and in the outline of coverage as contained in paragraph (DD)(5) of this rule that the policy is intended to be a qualified long-term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(H)(9)	Shall	(9) A nonqualified long-term care insurance contract shall include a disclosure statement in the policy and in the outline of coverage as contained in paragraph (DD)(5) of this rule that the policy is not intended to be a qualified long-term care insurance contract.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(I)(1)	Shall	(I) Required disclosure of rating practices to consumers(1) This paragraph shall apply as follows:(a) Except as provided in paragraph (I)(1)(b) of this rule, this paragraph applies to any long-term care policy or certificate issued in this state on or after one hundred eighty days after the effective date of this rule. (b) For certificates issued on or after the effective date of this amended rule under a group long-term care insurance policy as defined in division (D) of section 3923.41 of the Revised Code, which policy was in force at the time this amended rule became effective, the provisions of this paragraph shall apply on the policy anniversary following three hundred sixty-five days after the effective date of this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(I)(2)	Shall	(2)Other thanpolicies for which no applicable premium rate or rate schedule increases can bemade, insurers shall provide all of the information listed in thisparagraph to the applicant at the time of applicationor enrollment, unless the method of application does not allow for delivery atthat time. In such a case, an insurer shall provide all of the informationlisted in this paragraph to the applicant no later than at the time of deliveryof the policy or certificate. (a)A statementthat the policy may be subject to rate increases in the future; (b)An explanation of potential futurepremium rate revisions, and the policyholder's or certificateholder's option inthe event of a premium rate revision; (c)The premium rate or rate schedulesapplicable to the applicant that will be in effect until a request is made foran increase; (d)A generalexplanation for applying premium rate or rate schedule adjustments that shallinclude: (i)A description of when premiumrate or rate schedule adjustments will be effective (e.g., next anniversarydate, next billing date, etc.); and (ii)The right to a revised premium rate orrate schedule as provided in paragraph (I)(2) of this rule if the premium rateor	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(I)(3)	Shall	(3) An applicant shall sign an acknowledgement at the time of application, unless the method of application does not allow for signature at that time, that the insurer made the disclosure required under paragraphs (I)(2)(a) and (I)(2)(e) of this rule. If due to the method of application the applicant cannot sign an acknowledgement at the time of application, the applicant shall sign no later than at the time of delivery of the policy or certificate.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(I)(4)	Shall	(4) An insurer shall use the forms in appendices B and F to this rule to comply with the requirements of paragraphs (I)(1) and (I)(2) of this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(I)(5)	Shall	(5) An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificate holders, if applicable, at least forty-five days prior to the implementation of the premium rate schedule increase by the insurer. The notice shall include the information required by paragraph (I)(2) of this rule when the rate increase is implemented.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(J)(2)	Shall	((2)An insurer shall provide the informationlisted in this paragraph to the superintendent thirty days priorto making a long-term care insurance form available for sale. (a)A copy of the disclosure documentsrequired in paragraph (I) of this rule; and (b)An actuarial certification consisting ofat least the following: (i)A statement thatthe initial premium rate schedule is sufficient to cover anticipated costsunder moderately adverse experience and that the premium rate schedule isreasonably expected to be sustainable over the life of the form with no futurepremium increases anticipated; (ii)A statement that the policy design and coverage provided have been reviewed andtaken into consideration; (iii)Astatement that the underwriting and claims adjudication processes have beenreviewed and taken into consideration; (iv)A complete description of the basis forcontract reserves that are anticipated to be held under the form, to include: (a)Sufficient detail or sample calculationsprovided so as to have a complete depiction of the reserve amounts to beheld; (b)A statement that theassumptions used for reserves contain	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(J)(3)(a)	Shall	(a) The superintendent may request an actuarial demonstration that benefits are reasonable in relation to premiums. The actuarial demonstration shall include either premium and claim experience on similar policy forms, adjusted for any premium or benefit differences, relevant and credible data from other studies, or both.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(K)(1)	Shall	(K) Prohibition against post-claims underwriting (1) All applications for long-term care insurance policies or certificates except those that are guaranteed issue shall contain clear and unambiguous questions designed to ascertain the health condition of the applicant.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(K)(2)(a)	Must	(2)(a) If an application for long-term care insurance contains a question that asks whether the applicant has had medication prescribed by a physician, it must also ask the applicant to list the medication that has been prescribed.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(K)(2)(b)	Shall Not	(b) If the medications listed in the application were known by the insurer, or should have been known at the time of application, to be directly related to a medical condition for which coverage would otherwise be denied, then the policy or certificate shall not be rescinded for that condition.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(K)(3)(a)	Shall	(a) The following language shall be set out conspicuously and in close conjunction with the applicant's signature block on an application for a long-term care insurance policy or certificate:	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(K)(3)(b)	Shall	(b) The following language, or language substantially similar to the following, shall be set out conspicuously on the long-term care insurance policy or certificate at the time of delivery:	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(K)(3)(c)	Shall	(c) Prior to issuance of a long-term care policy or certificate to an applicant age eighty or older, the insurer shall obtain one of the following:	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(K)(4)	Shall	(4) A copy of the completed application or enrollment form (whichever is applicable) shall be delivered to the insured no later than at the time of delivery of the policy or certificate unless it was retained by the applicant at the time of application.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(K)(5)	Shall	5) Every insurer or other entity selling or issuing long-term care insurance benefits shall maintain a record of all policy or certificate rescissions, both state and countrywide, except those that the insured voluntarily effectuated and shall annually furnish this information to the superintendent in the format prescribed by the national association of insurance commissioners in appendix A to this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(L)(1)(a)-(i)	Shall Not	(L)(1) A long-term care insurance policy or certificate shall not, if it provides benefits for home health care or community care services, limit or exclude benefits:	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(L)(2)	Shall	A long-term care insurance policy or certificate, if it provides for home health or community care services, shall provide total home health or community care coverage that is a dollar amount equivalent to at least one-half of one year's coverage available for nursing home benefits under the policy or certificate, at the time covered home health or community care services are being received. This requirement shall not apply to policies or certificates issued to residents of continuing care retirement communities.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(L)(2)	Shall Not	A long-term care insurance policy or certificate, if it provides for home health or community care services, shall provide total home health or community care coverage that is a dollar amount equivalent to at least one-half of one year's coverage available for nursing home benefits under the policy or certificate, at the time covered home health or community care services are being received. This requirement shall not apply to policies or certificates issued to residents of continuing care retirement communities.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(M)(1)	Other - prohibits an action	(1) No insurer may offer a long-term care insurance policy unless the insurer also offers to the policyholder in addition to any other inflation protection the option to purchase a policy that provides for benefit levels to increase with benefit maximums or reasonable durations which are meaningful to account for reasonably anticipated increases in the costs of long-term care services covered by the policy. Insurers must offer to each policyholder, at the time of purchase, the option to purchase a policy with an inflation protection feature no less favorable than one of the following: (a)Increases benefit levels annually in amanner so that the increases are compounded annually at a rate not less thanfive per cent; (b)Guarantees theinsured individual the right to periodically increase benefit levels withoutproviding evidence of insurability or health status so long as the option forthe previous period has not been declined. The amount of the additional benefitshall be no less than the difference between the existing policy benefit andthat benefit compounded annually at a rate of at least five per cent for theperiod beginning with the purchase of the existing benefit and extending untilthe year in which the offer is made; or (c)Covers a specified percentage of actualor reasonable charges and does not include a maximum specified indemnity amountor limit.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(M)(2)	Shall	(2) Where the policy is issued to a group, the required offer in paragraph (M)(1) of this rule shall be made to the group policyholder; except, if the policy is issued to a group defined in division (D) of section 3923.41 of the Revised Code other than an employer, labor organization or trust established by one or more employers or labor organizations or a combination thereof, or an association group, and the group is not a continuing care retirement community, the offering shall be made to each proposed certificateholder.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(M)(3)	Shall Not	(3) The offer in paragraph (M)(1) of this rule shall not be required of life insurance policies or riders containing accelerated long-term care benefits.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(M)(4)(a)	Shall	(a) Insurers shall include the following information in or with the outline of coverage: (i) A graphic comparison of the benefit levels of a policy that increases benefits over the policy period with a policy that does not increase benefits. The graphic comparison shall show benefit levels over at least a twenty-year period. (ii) Any expected premium increases or additional premiums to pay for automatic or optional benefit increases.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(M)(5)	Shall	(5) Inflation protection benefit increases under a policy which contains these benefits shall continue without regard to an insured's age, claim status or claim history, or the length of time the person has been insured under the policy.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(M)(6)	Shall	(6) An offer of inflation protection that provides for automatic benefit increases shall include an offer of a premium which the insurer expects to remain constant. The offer shall disclose in a conspicuous manner that the premium may change in the future unless the premium is guaranteed to remain constant.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(M)(7)(a)	Shall	(a) Inflation protection as provided in paragraph (M)(1)(a) of this rule shall be included in a long-term care insurance policy unless an insurer obtains a rejection of inflation protection signed by the policyholder as required in this paragraph. The rejection may be either in the application or a on a separate form.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(M)(7)(b)	Shall	(b) The rejection shall be considered a part of the application and shall state: I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of this policy with and without inflation protection. Specifically, I have reviewed plans _____, and I reject inflation protection.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(N)(1)	Shall	(1) Application forms shall include the following questions designed to elicit information as to whether, as of the date of the application, the applicant has another long-term care insurance policy or certificate in force or whether a long-term care policy or certificate is intended to replace any other accident and sickness or long-term care policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and agent, except where the coverage is sold without an agent, containing the questions may be used. With regard to a replacement policy issued to a group defined by division (D) of section 3923.41 of the Revised Code, the following questions may be modified only to the extent necessary to elicit information about health or long-term care insurance policies other than the group policy being replaced, provided that the certificateholder has been notified of the replacement.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(N)(2)	Shall	(2) Agents shall list any other health insurance policies they have sold to the applicant.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(N)(3)	Shall	(3) Solicitations other than direct response. Upon determining that a sale will involve replacement, an insurer; other than an insurer using direct response solicitation methods, or its agent; shall furnish the applicant, prior to issuance or delivery of the individual long-term care insurance policy, a notice regarding replacement of accident and sickness or long-term care coverage. One copy of the notice shall be retained by the applicant and an additional copy signed by the applicant shall be retained by the insurer. The required notice shall be provided as shown in appendix I to this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(N)(4)	Shall	(4) Direct response solicitations. Insurers using direct response solicitation methods shall deliver a notice regarding replacement of accident and sickness or long-term care coverage to the applicant upon issuance of the policy. The required notice shall be provided as shown in appendix I to this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(N)(5)	Shall	(5) Where replacement is intended, the replacing insurer shall notify, in writing, the existing insurer of the proposed replacement. The existing policy shall be identified by the insurer, name of the insured and policy number or address including zip code. Notice shall be made within five working days from the date the application is received by the insurer or the date the policy is issued, whichever is sooner.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(N)(5)	Shall	(5) Where replacement is intended, the replacing insurer shall notify, in writing, the existing insurer of the proposed replacement. The existing policy shall be identified by the insurer, name of the insured and policy number or address including zip code. Notice shall be made within five working days from the date the application is received by the insurer or the date the policy is issued, whichever is sooner.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(N)(5)	Shall	(5) Where replacement is intended, the replacing insurer shall notify, in writing, the existing insurer of the proposed replacement. The existing policy shall be identified by the insurer, name of the insured and policy number or address including zip code. Notice shall be made within five working days from the date the application is received by the insurer or the date the policy is issued, whichever is sooner.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(N)(6)	Shall	(6) Life insurance policies that accelerate benefits for long-term care shall comply with this paragraph if the policy being replaced is a long-term care insurance policy. If the policy being replaced is a life insurance policy, the insurer shall comply with the replacement requirements of rule 3901-6-05 of the Administrative Code. If a life insurance policy that accelerates benefits for long-term care is replaced by another such policy, the replacing insurer shall comply with both the long-term care and the life insurance replacement requirements.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(N)(6)	Shall	(6) Life insurance policies that accelerate benefits for long-term care shall comply with this paragraph if the policy being replaced is a long-term care insurance policy. If the policy being replaced is a life insurance policy, the insurer shall comply with the replacement requirements of rule 3901-6-05 of the Administrative Code. If a life insurance policy that accelerates benefits for long-term care is replaced by another such policy, the replacing insurer shall comply with both the long-term care and the life insurance replacement requirements.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(N)(6)	Shall	(6) Life insurance policies that accelerate benefits for long-term care shall comply with this paragraph if the policy being replaced is a long-term care insurance policy. If the policy being replaced is a life insurance policy, the insurer shall comply with the replacement requirements of rule 3901-6-05 of the Administrative Code. If a life insurance policy that accelerates benefits for long-term care is replaced by another such policy, the replacing insurer shall comply with both the long-term care and the life insurance replacement requirements.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(O)(1)	Shall	(1) Every insurer shall maintain records for each agent of that agent's amount of replacement sales as a per cent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a per cent of the agent's total annual sales.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(O)(2)	Shall	(2) Every insurer shall report annually by June thirtieth the ten per cent of its agents with the greatest percentages of lapses and replacements as measured by paragraph (O)(1) of this rule (appendix G to this rule).	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(O)(4)	Shall	(4) Every insurer shall report annually by June thirtieth the number of lapsed policies as a per cent of its total annual sales and as a per cent of its total number of policies in force as of the end of the preceding calendar year (appendix G to this rule).	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(O)(5)	Shall	5) Every insurer shall report annually by June thirtieth the number of replacement policies sold as a per cent of its total annual sales and as a per cent of its total number of policies in force as of the preceding calendar year (appendix G to this rule).	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(O)(6)	Shall	(6) Every insurer shall report annually by June thirtieth, for qualified long-term care insurance contracts, the number of claims denied for each class of business, expressed as a percentage of claims denied (appendix E to this rule).	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(O)(8)	Shall	(8) Reports required under this paragraph shall be filed with the superintendent.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(P)	Other - prohibits an action	A producer is not authorized to sell, solicit or negotiate with respect to long-term care insurance except as authorized by Chapter 3905. of the Revised Code.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	Yes, state law	Yes, state law
3901-4-01	3901-4-01(R)(1)	Shall	(1) When long-term care benefits are provided through the acceleration of benefits under group or individual life policies or riders to such policies, policy reserves for the benefits shall be determined in accordance with division (D)(7) of section 3903.72 of the Revised Code. Claim reserves shall also be established in the case when the policy or rider is in claim status.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(R)(1)	Shall	(1) When long-term care benefits are provided through the acceleration of benefits under group or individual life policies or riders to such policies, policy reserves for the benefits shall be determined in accordance with division (D)(7) of section 3903.72 of the Revised Code. Claim reserves shall also be established in the case when the policy or rider is in claim status.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(R)(1)	Other - requires an action	Reserves for policies and riders subject to this paragraph should be based on the multiple decrement model utilizing all relevant decrements except for voluntary termination rates. Single decrement approximations are acceptable if the calculation produces essentially similar reserves, if the reserve is clearly more conservative, or if the reserve is immaterial. The calculations may take into account the reduction in life insurance benefits due to the payment of long-term care benefits. However, in no event shall the reserves for the long-term care benefit and the life insurance benefit be less than the reserves for the life insurance benefit assuming no long-term care benefit.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(R)(1)	Shall	Reserves for policies and riders subject to this paragraph should be based on the multiple decrement model utilizing all relevant decrements except for voluntary termination rates. Single decrement approximations are acceptable if the calculation produces essentially similar reserves, if the reserve is clearly more conservative, or if the reserve is immaterial. The calculations may take into account the reduction in life insurance benefits due to the payment of long-term care benefits. However, in no event shall the reserves for the long-term care benefit and the life insurance benefit be less than the reserves for the life insurance benefit assuming no long-term care benefit.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(R)(1)(a)-(s)	Shall	In the development and calculation of reserves for policies and riders subject to this paragraph, due regard shall be given to the applicable policy provisions, marketing methods, administrative procedures and all other considerations which have an impact on projected claim costs, including, but not limited to, the following;	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(R)(1)	Shall	Any applicable valuation morbidity table shall be certified as appropriate as a statutory valuation table by a member of the american academy of actuaries.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	
3901-4-01	3901-4-01(R)(2)	Shall	(2) When long-term care benefits are provided other than as in paragraph (R)(1) of this rule, reserves shall be determined in accordance with rule 3901-3-13 of the Administrative Code.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(S)(1)	Shall	1) This paragraph shall apply to all long-term care insurance policies or certificates except those covered under paragraphs (J) and (T) of this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(S)(2)	Shall	(2)Benefits under long-term care insurancepolicies shall be deemed reasonable in relation to premiums provided theexpected loss ratio is at least sixty per cent, calculated in a manner whichprovides for adequate reserving of the long-term care insurance risk. Inevaluating the expected loss ratio, due consideration shall be given to allrelevant factors, including: (a)Statisticalcredibility of incurred claims experience and earned premiums; (b)The period for which rates are computedto provide coverage; (c)Experiencedand projected trends; (d)Concentration of experience within early policy duration; (e)Expected claim fluctuation; (f)Experience refunds, adjustments ordividends; (g)Renewabilityfeatures; (h)All appropriateexpense factors; (i)Interest; (j)Experimental nature ofthe coverage;	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(S)(3)	Shall	(3)Paragraph(S)(2) of this rule shall not apply to life insurance policies that acceleratebenefits for long-term care. A life insurance policy that funds long-term carebenefits entirely by accelerating the death benefit is considered to providereasonable benefits in relation to premiums paid, if the policy complies withall of the following provisions: (a)Theinterest credited internally to determine cash value accumulations, includinglong-term care, if any, are guaranteed not to be less than the minimumguaranteed interest rate for cash value accumulations without long-term careset forth in the policy; (b)Theportion of the policy that provides life insurance benefits meets thenonforfeiture requirements of sections 3915.071and 3915.072of the Revised Code; (c)The policymeets the disclosure requirements of divisions (K), (L), and (M) of section 3923.44of the Revised Code. (d)Any policyillustration that meets the applicable requirements of the rule 3901-6-04of the Administrative Code; and (e)An actuarial memorandum is filed with the insurance department that includes: (i)A description of the basis on which thelong-term care rates were determined;	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(T)(1)	Shall	(1) This paragraph shall apply as follows:	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(T)(2)	Shall	(2)An insurershall provide notice of a pending premium rate schedule increase for a grouplong-term care policy, including an exceptional increase, to the superintendentat least thirty days prior to the notice to the policyholders. An insurer shallrequest approval of a pending premium rate schedule increase for an individuallong-term care policy, including an exceptional increase, from thesuperintendent at least thirty days prior to the notice to the policyholders.The notice or request for approval shall include: (a)Information required by paragraph (I) ofthis rule; (b)Certification by aqualified actuary that: (i)If the requestedpremium rate schedule increase is implemented and the underlying assumptions,which reflect moderately adverse conditions, are realized, no further premiumrate schedule increases are anticipated; (ii)The premium rate filing is in compliancewith the provisions of this paragraph; (c)An actuarial memorandum justifying therate schedule change request that includes: (i)Lifetime projections of earned premiumsand incurred claims based on the filed premium rate schedule increase; and themethod and assumptions used in determining the projected	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(T)(3)	Shall	(3)Allpremium rate schedule increases shall be determined in accordance with thefollowing requirements: (a)Exceptionalincreases shall provide that seventy per cent of the present value of projectedadditional premiums from the exceptional increase will be returned topolicyholders in benefits; (b)Premium rate schedule increases shall be calculated such that the sum of theaccumulated value of incurred claims, without the inclusion of active lifereserves, and the present value of future projected incurred claims, withoutthe inclusion of active life reserves, will not be less than the sum of thefollowing: (i)The accumulated value of theinitial earned premium times fifty-eight per cent; (ii)Eighty-five per cent of the accumulatedvalue of prior premium rate schedule increases on an earned basis; (iii)The present value of future projectedinitial earned premiums times fifty-eight per cent; and (iv)Eighty-five per cent of the presentvalue of future projected premiums not in paragraph (T)(3)(c) of this rule onan earned basis;	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(T)(4)	Shall	(4) For each rate increase that is implemented, the insurer shall file with the superintendent updated projections, as defined in paragraph (T)(2)(c)(i) of this rule, annually for the next three years and include a comparison of actual results to projected values. The superintendent may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in paragraph (T)(11) of this rule, the projections required by this paragraph shall be provided to the policyholder in lieu of filing with the superintendent.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(T)(5)	Shall	(5) If any premium rate in the revised premium rate schedule is greater than two hundred per cent of the comparable rate in the initial premium schedule, lifetime projections, as defined in paragraph (T)(2)(c)(i) of this rule, shall be filed with the superintendent every five years following the end of the required period in paragraph (T)(4) of this rule. For group insurance policies that meet the conditions in paragraph (T)(11) of this rule, the projections required by this paragraph shall be provided to the policyholder in lieu of filing with the superintendent.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(T)(5)	Shall	(5) If any premium rate in the revised premium rate schedule is greater than two hundred per cent of the comparable rate in the initial premium schedule, lifetime projections, as defined in paragraph (T)(2)(c)(i) of this rule, shall be filed with the superintendent every five years following the end of the required period in paragraph (T)(4) of this rule. For group insurance policies that meet the conditions in paragraph (T)(11) of this rule, the projections required by this paragraph shall be provided to the policyholder in lieu of filing with the superintendent.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	Yes, both state and federal law
3901-4-01	3901-4-01(T)(6)(a)	Require	(a) If the superintendent has determined that the actual experience following a rate increase does not adequately match the projected experience and that the current projections under moderately adverse conditions demonstrate that incurred claims will not exceed proportions of premiums specified in paragraph (T)(3) of this rule, the superintendent may require the insurer to implement any of the following:	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(T)(6)(b)	Other - requires an action	b) In determining whether the actual experience adequately matches the projected experience, consideration should be given to paragraph (T)(2)(c)(v) of this rule, if applicable.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(T)(7)	Shall	7) If the majority of the policies or certificates to which the increase is applicable are eligible for the contingent benefit upon lapse, the insurer shall file:	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(T)(8)	Shall	(8) (a)Fora rate increase filing that meets the following criteria, the superintendentshall review, for all policies included in the filing, the projected lapserates and past lapse rates during the twelve months following each increase todetermine if significant adverse lapsation has occurred or is anticipated: (i)The rate increase is not the first rateincrease requested for the specific policy form or forms; (ii)The rate increase is not an exceptionalincrease; and (iii)The majority ofthe policies or certificates to which the increase is applicable are eligiblefor the contingent benefit upon lapse. (b)In the event significant adverselapsation has occurred, is anticipated in the filing or is evidenced in theactual results as presented in the updated projections provided by the insurerfollowing the requested rate increase, the superintendent may determine that arate spiral exists. Following the determination that a rate spiral exists, thesuperintendent may require the insurer to offer, without underwriting, to allin force insureds subject to the rate increase the option to replace existingcoverage with one or more reasonably comparable products being offered by theinsurer or its affiliates.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(T)(9)	Prohibit	(9) If the superintendent determines that the insurer has exhibited a persistent practice of filing inadequate initial premium rates for long-term care insurance, the superintendent may, in addition to the provisions of paragraph (T)(8) of this rule, prohibit the insurer from either of the following:(a) Filing and marketing comparable coverage for a period of up to five years; or (b) Offering all other similar coverages and limiting marketing of new applications to the products subject to recent premium rate schedule increases.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(T)(10)	Shall Not	(10)Paragraphs (T)(1) to (T)(9) of this ruleshall not apply to policies for which the long-term care benefits provided bythe policy are incidental, as defined in paragraph (D)(3) of this rule, if thepolicy complies with all of the following provisions: (a)The interest credited internally todetermine cash value accumulations, including long-term care, if any, areguaranteed not to be less than the minimum guaranteed interest rate for cashvalue accumulations without long-term care set forth in the policy; (b)The portion of the policy that providesinsurance benefits other than long-term care coverage meets the nonforfeiturerequirements as applicable in any of the following: (i)Sections 3915.071and 3915.072of the Revised Code, and (ii)Section 3915.073of the Revised Code; (c)The policy meets the disclosure requirements of divisions (K), (L), and (M) ofsection 3923.44of the Revised Code; (d)Theportion of the policy that provides insurance benefits other than long-termcare coverage meets the requirements as applicable in the following:	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(T)(11)	Shall Not	(11) Paragraphs (T)(6) and (T)(8) of this rule shall not apply to group insurance policies as defined in division (D) of section 3923.41 of the Revised Code, which are issued to an employer, labor organization or trust established by one or more employers or labor organizations or a combination thereof where:	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(T)(11)(b)	Shall Not	(b) The policyholder, and not the certificate holders, pays a material portion of the premium, which shall not be less than twenty per cent of the total premium for the group in the calendar year prior to the year a rate increase is filed.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(U)	Shall	(1) Every insurer, health care service plan or other entity providing long-term care insurance or benefits in this state shall provide a copy of any long-term care insurance advertisement intended for use in this state whether through written, radio or television medium to the superintendent of insurance of this state for review or approval by the superintendent to the extent it may be required under state law. In addition, all advertisements shall be retained by the insurer, health care service plan or other entity for at least three years from the date the advertisement was first used.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(U)	Shall	(1) Every insurer, health care service plan or other entity providing long-term care insurance or benefits in this state shall provide a copy of any long-term care insurance advertisement intended for use in this state whether through written, radio or television medium to the superintendent of insurance of this state for review or approval by the superintendent to the extent it may be required under state law. In addition, all advertisements shall be retained by the insurer, health care service plan or other entity for at least three years from the date the advertisement was first used.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(V)(1)	Shall	(V)Standardsfor marketing (1)Every insurer, health careservice plan or other entity marketing long-term care insurance coverage inthis state, directly or through its producers, shall: (a)Establish marketing procedures and agenttraining requirements to assure that: (i)Anymarketing activities, including any comparison of policies, by its agents orother producers will be fair and accurate; and (ii)Excessive insurance is not sold orissued. (b)Displayprominently by type, stamp or other appropriate means, on the first page of theoutline of coverage and policy the following: "Notice to buyer: This policy may not cover all of the costsassociated with long-term care incurred by the buyer during the period ofcoverage. The buyer is advised to review carefully all policylimitations." (c)Providecopies of the disclosure forms required in paragraph (I)(3) of this rule(appendices B and F to this rule) to the applicant.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(V)(2)	Prohibit	2) In addition to the practices prohibited in sections 3901.20 and 3901.21 of the Revised Code, the following acts and practices are prohibited: (a) Twisting. Knowingly making any misleading representation or incomplete or fraudulent comparison of any insurance policies or insurers for the purpose of inducing, or tending to induce, any person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on or convert any insurance policy or to take out a policy of insurance with another insurer. (2)In addition tothe practices prohibited in sections 3901.20and 3901.21of the Revised Code, the following acts and practices are prohibited: (a)Twisting. Knowingly making any misleadingrepresentation or incomplete or fraudulent comparison of any insurance policiesor insurers for the purpose of inducing, or tending to induce, any person tolapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on orconvert any insurance policy or to take out a policy of insurance with anotherinsurer. (b)High pressure tactics.Employing any method of marketing having the effect of or tending to induce thepurchase of insurance through force, fright, threat, whether explicit orimplied, or undue pressure to purchase or recommend the purchase ofinsurance. (c)Cold leadadvertising. Making use directly or indirectly of any method of marketing whichfails to disclose in a	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(V)(3)(a)	Shall	(a) With respect to the obligations set forth in this paragraph, the primary responsibility of an association, as defined in paragraph (D)(1) of this rule, when endorsing or selling long-term care insurance shall be to educate its members concerning long-term care issues in general so that its members can make informed decisions. Associations shall provide objective information regarding long-term care insurance policies or certificates endorsed or sold by such associations to ensure that members of such associations receive a balanced and complete explanation of the features in the policies or certificates that are being endorsed or sold.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(V)(3)(a)	Shall	(a) With respect to the obligations set forth in this paragraph, the primary responsibility of an association, as defined in paragraph (D)(1) of this rule, when endorsing or selling long-term care insurance shall be to educate its members concerning long-term care issues in general so that its members can make informed decisions. Associations shall provide objective information regarding long-term care insurance policies or certificates endorsed or sold by such associations to ensure that members of such associations receive a balanced and complete explanation of the features in the policies or certificates that are being endorsed or sold.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(V)(3)(b)	Shall	(b)The insurer shall file with the insurancedepartment the following material: (i)Thepolicy and certificate, (ii)Acorresponding outline of coverage, and (iii)All advertisements requested by theinsurance department.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(V)(3)(c)	Shall	(c)The association shall disclose in any long-term care insurance solicitation: (i)The specific nature and amount of thecompensation arrangements (including all fees, commissions, administrative feesand other forms of financial support) that the association receives fromendorsement or sale of the policy or certificate to its members; and (ii)A brief description of the process underwhich the policies and the insurer issuing the policies wereselected.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(V)(3)(d)	Shall	(d) If the association and the insurer have interlocking directorates or trustee arrangements, the association shall disclose that fact to its members	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(V)(3(e)	Shall	(e) The board of directors of associations selling or endorsing long-term care insurance policies or certificates shall review and approve the insurance policies as well as the compensation arrangements made with the insurer.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(V)(3(f)	Shall	(f)The association shall also: (i)At the time of the association's decisionto endorse, engage the services of a person with expertise in long-term careinsurance not affiliated with the insurer to conduct an examination of thepolicies, including its benefits, features, and rates and update theexamination thereafter in the event of material change; (ii)Actively monitor the marketing effortsof the insurer and its agents; and (iii)Review and approve all marketingmaterials or other insurance communications used to promote sales or sent tomembers regarding the policies or certificates. (iv)Paragraphs (V)(3)(f)(i) to(V)(3)(f)(iii) of this rule shall not apply to qualified long-term careinsurance contracts.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(V)(3)(g)	Other - prohibits an action	g) No group long-term care insurance policy or certificate may be issued to an association unless the insurer files with the state insurance department the information required in this paragraph.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(V)(3)(h)	Shall	(h) The insurer shall not issue a long-term care policy or certificate to an association or continue to market such a policy or certificate unless the insurer certifies annually that the association has complied with the requirements set forth in this paragraph.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(W)(1)	Shall Not	(W) Suitability(1) This paragraph shall not apply to life insurance policies that accelerate benefits for long-term care.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(W)(2)	Shall	(2)Every insurer, health care service planor other entity marketing long-term care insurance (the "issuer") shall: (a)Develop and use suitability standards todetermine whether the purchase or replacement of long-term care insurance isappropriate for the needs of the applicant; (b)Train its agents in the use of itssuitability standards; and (c)Maintain a copy of its suitability standards and make them available forinspection upon request by the superintendent.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(W)(3)	Shall	(3) (a)Todetermine whether the applicant meets the standards developed by the issuer,the agent and issuer shall develop procedures that take the following intoconsideration: (i)The ability to pay for theproposed coverage and other pertinent financial information related to thepurchase of the coverage; (ii)Theapplicant's goals or needs with respect to long-term care and the advantagesand disadvantages of insurance to meet these goals or needs; and (iii)The values, benefits and costs of theapplicant's existing insurance, if any, when compared to the values, benefitsand costs of the recommended purchase or replacement. (b)The issuer, and where an agent isinvolved, the agent shall make reasonable efforts to obtain the information setout in paragraph (W)(3)(a) of this rule. The efforts shall include presentationto the applicant, at or prior to application, the "Long-Term Care InsurancePersonal Worksheet." The personal worksheet used by the issuer shall contain,at a minimum, the information in the format contained in appendix B to thisrule, in not less than twelve point type. The issuer may request the applicantto provide additional information to comply with its suitability standards. Acopy of	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(W)(3)(b)	Shall	(b) The issuer, and where an agent is involved, the agent shall make reasonable efforts to obtain the information set out in paragraph (W)(3)(a) of this rule. The efforts shall include presentation to the applicant, at or prior to application, the "Long-Term Care Insurance Personal Worksheet." The personal worksheet used by the issuer shall contain, at a minimum, the information in the format contained in appendix B to this rule, in not less than twelve point type. The issuer may request the applicant to provide additional information to comply with its suitability standards. A copy of the issuer's personal worksheet shall be filed with the superintendent.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(W)(4)	Shall	(4) The issuer shall use the suitability standards it has developed pursuant to this paragraph in determining whether issuing long-term care insurance coverage to an applicant is appropriate.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(W)(5)	Shall	(5) Agents shall use the suitability standards developed by the issuer in marketing long-term care insurance.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(W)(6)	Shall	(6) At the same time as the personal worksheet is provided to the applicant, the disclosure form entitled "Things You Should Know Before You Buy Long-Term Care Insurance" shall be provided. The form shall be in the format contained in appendix C to this rule, in not less than twelve point type.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(W)(6)	Shall	(6) At the same time as the personal worksheet is provided to the applicant, the disclosure form entitled "Things You Should Know Before You Buy Long-Term Care Insurance" shall be provided. The form shall be in the format contained in appendix C to this rule, in not less than twelve point type.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(W)(7)	Shall	(7) If the issuer determines that the applicant does not meet its financial suitability standards, or if the applicant has declined to provide the information, the issuer may reject the application. In the alternative, the issuer shall send the applicant a letter similar to appendix D to this rule. However, if the applicant has declined to provide financial information, the issuer may use some other method to verify the applicant's intent. Either the applicant's returned letter or a record of the alternative method of verification shall be made part of the applicant's file.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(W)(7)	Shall	(7) If the issuer determines that the applicant does not meet its financial suitability standards, or if the applicant has declined to provide the information, the issuer may reject the application. In the alternative, the issuer shall send the applicant a letter similar to appendix D to this rule. However, if the applicant has declined to provide financial information, the issuer may use some other method to verify the applicant's intent. Either the applicant's returned letter or a record of the alternative method of verification shall be made part of the applicant's file.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(W)(8)	Shall	(8) The issuer shall report annually to the superintendent the total number of applications received from residents of this state, the number of those who declined to provide information on the personal worksheet, the number of applicants who did not meet the suitability standards and the number of those who chose to confirm after receiving a suitability letter.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(X)	Shall	(X) Prohibition against preexisting conditions and probationary periods in replacement policies or certificates If a long-term care insurance policy or certificate replaces another long-term care policy or certificate, the replacing insurer shall waive any time periods applicable to preexisting conditions and probationary periods in the new long-term care policy for similar benefits to the extent that similar exclusions have been satisfied under the original policy.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Y)	Shall	(Y) Availability of new services or providers (1) An insurer shall notify policyholders of the availability of a new long-term care policy series that providers coverage of new long-term care services or providers material in nature and not previously available through the insurer to the general public. The notice shall be provided within three hundred sixty-five days of the date the new policy series is made available for sale in this state.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Y)(1)	Shall	(Y) Availability of new services or providers (1) An insurer shall notify policyholders of the availability of a new long-term care policy series that providers coverage of new long-term care services or providers material in nature and not previously available through the insurer to the general public. The notice shall be provided within three hundred sixty-five days of the date the new policy series is made available for sale in this state.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(Y)(3)	Shall	(3)The insurer shallmake the new coverage available in one of the following ways: (a)By adding a rider to the existing policyand charging a separate premium for the new rider based on the insured'sattained age; (b)By exchanging theexisting policy or certificate for one with an issue age based on the presentage of the insured and recognizing past insured status by granting premiumcredits toward the premiums for the new policy or certificate. The premiumcredits shall be based on premiums paid or reserves held for the prior policyor certificate; (c)By exchangingthe existing policy or certificate for a new policy or certificate in whichconsideration for past insured status shall be recognized by setting thepremium for the new policy or certificate at the issue age of the policy orcertificate being exchanged. The cost for the new policy or certificate mayrecognize the difference in reserves between the new policy or certificate andthe original policy or certificate; or (d)By an alternative program developed bythe insurer that meets the intent of paragraph (Y) of this rule if the programis filed with and approved by the superintendent.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Y)(4)	Shall	(4) An insurer is not required to notify policyholders of a new proprietary policy series created and filed for use in a limited distribution channel. For purposes of this paragraph, "limited distribution channel" means through a discrete entity, such as a financial institution or brokerage, for which specialized products are available that are not available for sale to the general public. Policyholders that purchased such a proprietary policy shall be notified when a new long-term care policy series that provides coverage for new long-term care services or providers material in nature is made available to that limited distribution channel.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Y)(5)	Shall	(5) Policies issued pursuant to this paragraph shall be considered exchanges and not replacements. These exchanges shall not be subject to paragraphs (N) and (W) of this rule, and the reporting requirements of paragraphs (O)(1) to (O)(5) of this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Y)(6)	Shall	(6) Where the policy is offered through an employer, labor organization, professional, trade or occupational association, the required notification in paragraph (Y)(1) of this rule shall be made to the offering entity. However, if the policy is issued to a group defined in division (D)(4) of section 3923.41 of the Revised Code, the notification shall be made to each certificateholder.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Y)(6)	Shall	(6) Where the policy is offered through an employer, labor organization, professional, trade or occupational association, the required notification in paragraph (Y)(1) of this rule shall be made to the offering entity. However, if the policy is issued to a group defined in division (D)(4) of section 3923.41 of the Revised Code, the notification shall be made to each certificateholder.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(Y)(7)	Shall	(7) Nothing in this paragraph shall prohibit an insurer from offering any policy, rider, certificate or coverage change to any policyholder or certificateholder. However, upon request any policyholder may apply for currently available coverage that includes the new services or providers. The insurer may require that policyholders meet all eligibility requirements, including underwriting and payment of the required premium to add such new services or providers.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Y)(7)	Require	(7) Nothing in this paragraph shall prohibit an insurer from offering any policy, rider, certificate or coverage change to any policyholder or certificateholder. However, upon request any policyholder may apply for currently available coverage that includes the new services or providers. The insurer may require that policyholders meet all eligibility requirements, including underwriting and payment of the required premium to add such new services or providers.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Y)(9)	Shall	(9) Paragraph (Y) of this rule shall become effective on or after three hundred sixty-five days after the effective date of this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Z)(1)	Shall	(1) (a)Every long-term care insurance policy andcertificate shall include a provision that allows the policyholder orcertificateholder to reduce coverage and lower the policy or certificatepremium in at least one of the following ways; (i)Reducing the maximum benefit;or (ii)Reducing the daily, weeklyor monthly benefit amount. (b)The insurer may also offer otherreduction options that are consistent with the policy or certificate design orthe carrier's administrative processes. An example of a policy design would bea partnership policy which maintains its partnership status by containingcertain features as required by state or federal law.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Z)(2)	Shall	(2) The provision shall include a description of the ways in which coverage may be reduced and the process for requesting and implementing a reduction in coverage.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Z)(3)	Shall	(3) The age to determine the premium for the reduced coverage shall be based on the age used to determine the premiums for the coverage currently in force.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Z)(5)	Shall	5) If a policy or certificate is about to lapse, the insurer shall provide a written reminder to the policyholder or certificateholder of his or her right to reduce coverage and premiums in the notice required by paragraph (G)(1)(c) of this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(Z)(7)	Shall	(7) The requirements of paragraph (Z) of this rule shall apply to any long-term care policy issued in this state on or after three hundred sixty-five days after the effective date of this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(AA)(2)	Shall	(2)A nonforfeiture benefit shall be offeredthat complies with the following: (a)Apolicy or certificate offered with nonforfeiture benefits shall have coverageelements, eligibility, benefit triggers and benefit length that are the same ascoverage to be issued without nonforfeiture benefits. The nonforfeiture benefitincluded in the offer shall be the benefit described in paragraph (AA)(5) ofthis rule; and (b)The offer shallbe in writing if the nonforfeiture benefit is not otherwise described in theoutline of coverage or other materials given to the prospectivepolicyholder.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(3)	Shall	(3) If the offer is rejected, the insurer shall provide the contingent benefit upon lapse described in this paragraph. Even if this offer is accepted for a policy with a fixed or limited premium paying period, the contingent benefit upon lapse in paragraph (AA)(4)(d) of this rule shall still apply.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(4)(a)	Shall	(4)(a) After rejection of the offer, for individual and group policies without nonforfeiture benefits issued after the effective date of this paragraph, the insurer shall provide a contingent benefit upon lapse.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(4)(b)	Shall	(b) In the event a group policyholder elects to make the nonforfeiture benefit an option to the certificateholder, a certificate shall provide either the nonforfeiture benefit or the contingent benefit upon lapse.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(4)(c)	Shall	(c) A contingent benefit upon lapse shall be triggered every time an insurer increases the premium rates to a level which results in a cumulative increase of the annual premium equal to or exceeding the percentage of the insured's initial annual premium set forth below stated on the insured's issue age, and the policy or certificate lapses within one hundred twenty days of the due date of the premium so increased. Unless otherwise required, policyholders shall be notified at least thirty days prior to the due date of the premium reflecting the rate increase.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(4)(d)	Shall	d) A contingent benefit upon lapse shall also be triggered for policies with a fixed or limited premium paying period every time an insurer increases the premium rates to a level that results in a cumulative increase of the annual premium equal to or exceeding the percentage of the insured's initial annual premium set forth below based on the insured's issue age, the policy or certificate lapses within one hundred twenty days of the due date of the premium so increased, and the ratio in paragraph (AA)(4)(f)(ii) of this rule is forty per cent or more. Unless otherwise required, policyholders shall be notified at least thirty days prior to the due date of the premium reflecting the rate increase.This provision shall be in addition to the contingent benefit provided by paragraph (AA)(4)(c) of this rule and where both are triggered, the benefit provided shall be at the option of the insured.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(AA)(4)€	Shall	(e)On or before the effective date of asubstantial premium increase as defined in paragraph (AA)(4)(c) of this rule,the insurer shall: (i)Offer to reduce policybenefits provided by the current coverage without the requirement of additionalunderwriting so that required premium payments are not increased; (ii)Offer to convert the coverage to apaid-up status with a shortened benefit period in accordance with the terms ofparagraph (AA)(5) of this rule. This option may be elected at any time duringthe one hundred twenty-day period referenced in paragraph (AA)(4)(c) of thisrule; and (iii)Notify thepolicyholder or certificateholder that a default or lapse at any time duringthe one hundred twenty-day period referenced in paragraph (AA)(4)(c) of thisrule shall be deemed to be the election of the offer to convert in paragraph(AA)(4)(e)(ii) of this rule unless the automatic option in paragraph(AA)(4)(f)(iii) of this rule applies.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(4)(f)	Shall	(f)On or before the effective date of asubstantial premium increase as defined in paragraph (AA)(4)(d) of this rule,the insurer shall: (i)Offer to reduce policybenefits provided by the current coverage without the requirement of additionalunderwriting so that required premium payments are not increased; (ii)Offer to convert the coverage to apaid-up status where the amount payable for each benefit is ninety per cent ofthe amount payable in effect immediately prior to lapse times the ratio of thenumber of completed months of paid premiums divided by the number of months inthe premium paying period. This option may be elected at any time during theone hundred twenty-day period referenced in paragraph (AA)(4)(d) of this rule;and (iii)Notify the policyholder orcertificateholder that a default or lapse at any time during the one hundredtwenty-day period referenced in paragraph (AA)(4)(d) of this rule shall bedeemed to be the election of the offer to convert in paragraph (AA)(4)(f)(ii)of this rule if the ratio is forty per cent ormore.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(5)(b)	Shall	(b) For purposes of this paragraph, the nonforfeiture benefit shall be of a shortened benefit period providing paid-up long-term care insurance coverage after lapse. The same benefits (amounts and frequency in effect at the time of lapse but not increased thereafter) will be payable for a qualifying claim, but the lifetime maximum dollars or days of benefits shall be determined as specified in paragraph (AA)(5)(c) of this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(AA)(5)(b)	Shall	(b) For purposes of this paragraph, the nonforfeiture benefit shall be of a shortened benefit period providing paid-up long-term care insurance coverage after lapse. The same benefits (amounts and frequency in effect at the time of lapse but not increased thereafter) will be payable for a qualifying claim, but the lifetime maximum dollars or days of benefits shall be determined as specified in paragraph (AA)(5)(c) of this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(5)(c)	Shall Not	(c) The standard nonforfeiture credit will be equal to one hundred per cent of the sum of all premiums paid, including the premiums paid prior to any changes in benefits. The insurer may offer additional shortened benefit period options, as long as the benefits for each duration equal or exceed the standard nonforfeiture credit for that duration. However, the minimum nonforfeiture credit shall not be less than thirty times the daily nursing home benefit at the time of lapse. In either event, the calculation of the nonforfeiture credit is subject to the limitation of paragraph (AA) (6) of this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(5)(d)(i)	Shall	(d) (i)The nonforfeiture benefit shall begin notlater than the end of the third year following the policy or certificate issuedate. The contingent benefit upon lapse shall be effective during the firstthree years as well as thereafter.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(5)(d)(ii)	Shall	(ii)Notwithstanding paragraph (AA)(5)(d)(i)of this rule, for a policy or certificate with attained age rating, thenonforfeiture benefit shall begin on the earlier of: (a)The end of the tenth year following thepolicy or certificate issue date; or (b)The end of the second year following thedate the policy or certificate is no longer subject to attained agerating.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(6)	Other - prohibits an action	(6) All benefits paid by the insurer while the policy or certificate is in premium paying status and in the paid up status will not exceed the maximum benefits which would be payable if the policy or certificate had remained in premium paying status.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(7)	Shall	(7) There shall be no difference in the minimum nonforfeiture benefits as required under this paragraph for group and individual policies.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(8)	Shall	(8) The requirements set forth in this paragraph shall become effective three hundred sixty-five days after the effective date of this provision and shall apply as follows:	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(AA)(8)	Shall	(8)Therequirements set forth in this paragraph shall become effective three hundredsixty-five days after the effective date of this provision and shall apply asfollows: (a)Except as provided in paragraphs(AA)(8)(b) and (AA)(8)(c) of this rule, the provisions of paragraph (AA) ofthis rule apply to any long-term care policy issued in this state on or afterthe effective date of this rule. (b)For certificates issued on or after the effective date of paragraph (AA) ofthis rule, under a group long-term care insurance policy as defined in division(D) of section 3923.41of the Revised Code, which policy was in force at the time this amended rulebecomes effective, the provisions of paragraph (AA) of this rule shall notapply. (c)The last sentence inparagraph (AA)(3) and paragraphs (AA)(4)(d) and (AA)(4)(f) of this rule shallapply to any long-term care insurance policy or certificate issued in thisstate after one hundred eighty days after the effective date of this ruleadopting those provisions, except new certificates on a group policy as definedin division (D)(1) of section 3923.41of the Revised Code, three hundred sixty-five days after the effective date ofthis rule adopting those provisions.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(9)	Shall	(9) Premiums charged for a policy or certificate containing nonforfeiture benefits or a contingent benefit upon lapse shall be subject to the loss ratio requirements of paragraph (S) or (T) of this rule, whichever is applicable, treating the policy as a whole.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(AA)(10)	Shall	(10) To determine whether contingent nonforfeiture upon lapse provisions are triggered under paragraph (AA)(4)(c) or (AA)(4)(d) of this rule, a replacing insurer that purchased or otherwise assumed a block or blocks of long-term care insurance policies from another insurer shall calculate the percentage increase based on the initial annual premium paid by the insured when the policy was first purchased from the original insurer.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(AA)(11)	Shall	(11)Anonforfeiture benefit for qualified long-term care insurance contracts that arelevel premium contracts shall be offered that meets the following requirements: (a)The nonforfeiture provision shall beappropriately captioned; (b)Thenonforfeiture provision shall provide a benefit available in the event of adefault in the payment of any premiums and shall state that the amount of thebenefit may be adjusted subsequent to being initially granted only as necessaryto reflect changes in claims, persistency and interest as reflected in changesin rates for premium paying contracts approved by the superintendent for thesame contract form; and (c)Thenonforfeiture provision shall provide at least one of the following: (i)Reduced paid-up insurance; (ii)Extended term insurance; (iii)Shortened benefit period; or (iv)Other similar offerings approved by thesuperintendent.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(BB)(1)	Shall	(1) A long-term care insurance policy shall condition the payment of benefits on a determination of the insured's ability to perform activities of daily living and on cognitive impairment. Eligibility for the payment of benefits shall not be more restrictive than requiring either a deficiency in the ability to perform not more than three of the activities of daily living or the presence of cognitive impairment.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(BB)(2)(a)	Shall	(2) (a)Activities of daily living shall include at least the following as defined inparagraph (E) of this rule and in the policy: (i)Bathing; (ii)Continence; (iii)Dressing; (iv)Eating; (v)Toileting; and (vi)Transferring;	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(BB)(3)	Shall Not	(3) An insurer may use additional provisions for the determination of when benefits are payable under a policy or certificate; however the provisions shall not restrict, and are not in lieu of, the requirements contained in paragraphs (BB)(1) and (BB)(2) of this rule.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(BB)(4)	Shall Not	(4)Forpurposes of this paragraph the determination of a deficiency shall not be morerestrictive than: (a)Requiring the hands-onassistance of another person to perform the prescribed activities of dailyliving; or (b)If the deficiency isdue to the presence of a cognitive impairment, supervision or verbal cueing byanother person is needed in order to protect the insured orothers.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(BB)(5)	Shall	(5) Assessments of activities of daily living and cognitive impairment shall be performed by licensed or certified professionals, such as physicians, nurses or social workers.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(BB)(6)	Shall	(6) Long-term care insurance policies shall include a clear description of the process for appealing and resolving benefit determinations.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(BB)(7)	Shall	(7)The requirements set forth in thisparagraph shall be effective three hundred sixty-five days after the effectivedate of this provision and shall apply as follows: (a)Except as provided in paragraph(BB)(7)(b) of this rule, the provisions of this paragraph apply to a long-termcare policy issued in this state on or after the effective date of this amendedrule. (b)For certificates issued onor after the effective date of paragraph (BB)(7) of this rule, under a grouplong-term care insurance policy as defined in division (D) of section 3923.41of the Revised Code that was in force at the time this amended rule becameeffective, the provisions of this paragraph shall not apply.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(CC)(1)(b)(ii)	Shall Not	(ii) The term "chronically ill individual" shall not include an individual otherwise meeting these requirements unless within the preceding twelve-month period a licensed health care practitioner has certified that the individual meets these requirements.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(CC)(2)	Shall	(2) A qualified long-term care insurance contract shall pay only for qualified long-term care services received by a chronically ill individual provided pursuant to a plan of care prescribed by a licensed health care practitioner.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(CC)(3)	Shall	(3) A qualified long-term care insurance contract shall condition the payment of benefits on a determination of the insured's inability to perform activities of daily living for an expected period of at least ninety days due to a loss of functional capacity or to severe cognitive impairment.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(CC)(4)	Shall	(4) Certifications regarding activities of daily living and cognitive impairment required pursuant to paragraph (CC)(3) of this rule shall be performed by the following licensed or certified professionals: physicians, registered professional nurses, licensed social workers, or other individuals who meet requirements prescribed by the secretary of the treasury.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority

3901-4-01	3901-4-01(CC)(5)	May Not	(5) Certifications required pursuant to paragraph (CC)(3) of this rule may be performed by a licensed health care professional at the direction of the carrier as is reasonably necessary with respect to a specific claim, except that when a licensed health care practitioner has certified that an insured is unable to perform activities of daily living for an expected period of at least ninety days due to a loss of functional capacity and the insured is in claim status, the certification may not be rescinded and additional certifications may not be performed until after the expiration of the ninety-day period.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(CC)(6)	Shall	(6) Qualified long-term care insurance contracts shall include a clear description of the process for appealing and resolving disputes with respect to benefit determinations.	R.C. 3901.041, R.C. 3923.44, and R.C. 3923.47.	No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(DD)(1)	Shall	(1) The outline of coverage shall be a free-standing document, using no smaller than twelve-point type.	ORC 3923.44(I)	Yes, state law	Yes, state law
3901-4-01	3901-4-01(DD)(2)	Shall	(2) The outline of coverage shall contain no material of an advertising nature.	ORC 3923.44(I)	Yes, state law	Yes, state law
3901-4-01	3901-4-01(DD)(4)	Other - requires an action	(4) Use of the text and sequence of text of the standard format outline of coverage is mandatory, unless otherwise specifically indicated.	ORC 3923.44(I)	Yes, state law	Yes, state law
3901-4-01	3901-4-01(DD)(5)	Other - requires an action	(5) Format for outline of coverage is shown in appendix H to this rule.	ORC 3923.44(I)	Yes, state law	Yes, state law
3901-4-01	3901-4-01(EE)(1)	Shall	(1) A long-term care insurance shopper's guide in the format developed by the national association of insurance commissioners, or a guide developed or approved by the superintendent, shall be provided to all prospective applicants of a long-term care insurance policy or certificate.		No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(EE)(1)(a)	Must	(a) In the case of agent solicitations, an agent must deliver the shopper's guide prior to the presentation of an application or enrollment form.		No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(EE)(1)(b)	Must	(b) In the case of direct response solicitations, the shopper's guide must be presented in conjunction with any application or enrollment form.		No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(EE)(2)	Shall	(2) Life insurance policies or riders containing accelerated long-term care benefits are not required to furnish the above-reference guide, but shall furnish the policy summary required under division (K) of section 3923.44 of the Revised Code.	ORC 3923.44(K)	Yes, state law	Yes, state law
3901-4-01	3901-4-01(FF)	Shall	(FF) Penalties In addition to any other penalties provided by the laws of this state any insurer and any agent found to have violated any requirement of this state relating to the regulation of long-term care insurance or the marketing of such insurance shall be subject to a fine of up to three times the amount of any commissions paid for each policy involved in the violation or up to ten thousand dollars, whichever is greater.		No, general rulemaking authority	No, general rulemaking authority
3901-4-01	3901-4-01(GG)	Shall Not	(GG) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.		No, general rulemaking authority	No, general rulemaking authority

3901-4-02	E (1)	Shall	(E)Offers of exchange (1) Within one hundred eighty days of the date that an insurer begins to advertise, market, offer, sell or issue policies that qualify under the state long-term care partnership program, the insurer shall offer, on a one time basis, in writing, to all existing policyholders and certificate holders that were issued long-term care coverage by the insurer on or after August 12, 2002, the option to exchange their existing long-term carecoverage for coverage that is intended to qualify under the state's long-termcare partnership program (partnership plan). The written offer of exchangeshall include a long-term care partnership program exchange notification,appendix A to this rule, or a form that is substantially similar incontent.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	E (2) (a)-(c)	Shall	(E)Offers of exchange (2) An exchange occurs when an insurer offers a policyholder or certificate holder (hereinafter "insured")the option to replace an existing long-term care insurance policy with a policy that qualifies as a partnership plan, and the insured accepts the offer to terminate the existing policy and accepts the new policy. In making an offer to exchange, an insurer shall comply with all of the following requirements: (a)The offer shall be made on a non discriminatory basis without regard to the age or health status of theinsured; (b)The offer shall remain open for a minimum of ninety days from the date of mailing by the insurer;and (c)At the time the offer is made, the insurer shall provide the insured a copy of appendix A to this rule or a form that is substantially similar in content.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	(E) (3) (a)	Shall	(E)Offers of exchange (3) Notwithstanding paragraphs (E)(1) and(E)(2) of this rule, (a)An offer to exchangemay be deferred for any insured who is currently eligible for benefits under anexisting policy or who is subject to an elimination period on a claim, but suchdeferral shall continue only as long as such eligibility or elimination periodexists; and	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	(E)(4) (a)-(b)	Other - requires an action	(E)Offers of exchange (4)If the newpolicy has an actuarial value of benefits equal to or lesser than the actuarialvalue of benefits of the existing policy, then all of the following apply: (a)The new policy shall not be underwritten;and (b)The rate charged for the new policy shall be determined using the original issue age and risk class of theinsured that was used to determine the rate of the existingpolicy.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law

3901-4-02	(E) (5)(a)-(b)	Shall	(E)Offers of exchange (5)If the newpolicy has an actuarial value of benefits exceeding the actuarial value of thebenefits of the existing policy, then all of the following apply: (a)The insurer shall apply its new business,long-term care, underwriting guidelines to the increased benefits only;and (b)The rate charged for the newpolicy shall be determined using the method set forth in paragraph (E)(4)(b) ofthis rule for the existing benefits, increased by the rate for the increasedbenefits using the then current attained age and risk class of the insured forthe increased benefits only.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	(E) (6)(a)	Shall	(E)Offers of exchange (6)(a) Thenew policy offered in an exchange shall be on a form that is currently offeredfor sale by the insurer in the general market and the effective date of thepartnership plan policy shall be the same as the new policy.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	(E) (6)(b)	Other - requires an action	(E)Offers of exchange (6)(b) For purposes of implementing the exchangerequirement set forth in paragraph (E)(1) of this rule, an insurer may also implement exchanges via any policy form that the superintendent has approved as being partnership-qualified, even if that long-term care insurance policy form is no longer offered or marketed. The superintendent may, at thesuperintendent's sole discretion, extend the one hundred eighty day time periodreferenced in paragraph (E)(1) of this rule to allow for implementation ofexchanges on a long-term care insurance policy form no longer offered or marketed.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	E (7)	Shall	(E)Offers of exchange (7) In the event of an exchange, the insured shall not lose any rights, benefits or built-up value that has accrued under the original policy with respect to the benefits provided under the original policy, including, but not limited to, rights established because of the lapse of time related to pre-existing condition exclusions, elimination periods, or incontestability clauses	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	(E)(8)	Other - requires an action	(E)Offers of exchange (8)Insurers may complete an exchange by:issuing a new policy; amending an existing policy with an endorsement or rider;or revising the schedule of benefits.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	E(9)	Shall	(E)Offers of exchange (9) The requirements of rule 3901-4-01 of the Administrative Code shall apply to exchanges including, but not limited to, the requirements relating to suitability. However, policies issued pursuant to this rule shall not be considered replacements if issued by the same insurer that issued the existing policy and shall therefore not be subject to paragraphs (N) and (O) in rule 3901-4-01 of the Administrative Code replacement standards.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	E(11)	Shall	(E)Offers of exchange (11) For those insureds with long-term care insurance policies issued before August 12, 2002, any insurer may offer any insured an option to exchange an existing policy for a policy that qualifies as a state long-term care insurance partnership plan. The requirements set forth in paragraphs (E)(2) to (E)(9) of this rule shall apply to any such exchange.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law

3901-4-02	(F)(1)	Shall	(F)Filing requirements for long-term care insurance partnership program policies. (1)Any policy that is intended to qualify asa partnership plan must be filed with the superintendent in accordance withsection 3923.02of the Revised Code prior to use, and such filing shall include the partnershipprogram certification form attached as appendix B to this rule, signed by anofficer of the company.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	F(2)	Shall	(F)Filing requirements for long-term care insurance partnership program policies. (2) Insurers intending to make use of a previously filed qualifying partnership policy shall submit to the superintendent a partnership program certification form (appendix B to this rule) signed by an officer of the company with respect to each such policy form filed. For each policy form, the partnership program certification form (appendix B to this rule) shall identify the policy by the original form number and filing date.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	F(3)	Shall	(F)Filing requirements for long-term care insurance partnership program policies. (3) If an insurer intends to amend a previously filed policy with an endorsement or rider in order to bring the policy into compliance with the partnership program, the insurer shall file the endorsement or rider with the superintendent prior to use, and the filing shall include a partnership program certification form (appendix B to this rule) signed by an officer of the company for each policy to be amended by the endorsement or rider, which shall include the original form number and filing date of the previously filed policy.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	F(4)	Must	(F)Filing requirements for long-term care insurance partnership program policies. (4) Insurers using appendix A or appendix C to this rule do not have to file the forms with the superintendent before use. However, if the insurer modifies the content of appendix A or appendix C to this rule or intends to use another form, even though substantially similar in content, the form must be filed with the superintendent before use.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	H(1)	Shall	(H)The partnership program disclosure form For policies intended to qualify under the partnership program, (1) The agent or insurer shall give the consumer a partnership disclosure notice, either using appendix C to this rule or a notice substantially similar in content, along with the outline of coverage required by division (I) of section 3923.44 of the Revised Code at the time of solicitation;	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	H(2)	Shall	(H)The partnership program disclosure form For policies intended to qualify under the partnership program, (2) In the case of a policy issued to a group where an outline of coverage is not delivered, the agent or insurer shall deliver copies of a partnership disclosure notice, either using appendix C to this rule or a notice substantially similar in content, along with the enrollment forms; or	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law

3901-4-02	H(3)	Shall	(H)The partnership program disclosure form For policies intended to qualify under the partnership program, (3) In the case of a life insurance policy that offers long-term care insurance as a term of the policy or in a rider, the agent or insurer shall give the consumer a partnership disclosure notice, either using appendix C to this rule or a notice substantially similar in content, along with the policy summary at the time of solicitation.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	H(4)	Shall	(H)The partnership program disclosure form For policies intended to qualify under the partnership program, (4) In addition toassuring that either a copy of appendix C to this rule or a noticesubstantially similar in content is provided to the consumer at the time of theinitial solicitation, or to the group at the time the enrollment forms aredelivered, the insurer shall also assure that a copy of appendix C to this ruleor a notice substantially similar in content, is provided no later thanpartnership policy delivery.	3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-4-02	I	Shall	(I)Data reporting Each insurer offering partnership program policies in thisstate shall make regular reports to the United States secretary of health andhuman services that include such information as required by law or as thesecretary determines is appropriate for the administration of the partnershipprogram.	3901.041, 3923.44, 3923.47	Yes, both state and federal law	Yes, both state and federal law
3901-4-02	J	Shall Not	(J)Severability If any paragraph, term, or provision of this rule is adjudgedinvalid for any reason, the judgment shall not affect, impair or invalidate anyother paragraph, term, or provision of this rule, but the remaining paragraphs,terms, and provisions shall be and continue in full force and effect.	3901.041, 3923.44, 3923.47	No, general rulemaking authority	No, general rulemaking authority
3901-4-02	Appendix A	Other - requires an action	http://codes.ohio.gov/pdf/oh/admin/2019/3901-4-02_ph_ff_a_app1_20181105_0852.pdf	3901.041, 3923.44, 3923.47	No, general rulemaking authority	No, general rulemaking authority
3901-4-02	Apendix B	Other - requires an action	http://codes.ohio.gov/pdf/oh/admin/2019/3901-4-02_ph_ff_a_app2_20181105_0852.pdf	3901.041, 3923.44, 3923.47	No, general rulemaking authority	No, general rulemaking authority
3901-4-02	Apendix C	Other - requires an action	http://codes.ohio.gov/pdf/oh/admin/2019/3901-4-02_ph_ff_a_app3_20181105_0852.pdf	3901.041, 3923.44, 3923.47	No, general rulemaking authority	No, general rulemaking authority
3901-4-03	(C)	Require	"Pursuant to section 3923.443 of the Revised Code, an insurer is required to obtain and maintain records that the initial training and continuing education of its agents concerning long term care insurance and its distribution as described in that section has taken place. The superintendent may audit an insurer's records on this subject annually to verify this is being done. The insurer shall maintain these records demonstrating education and training for not less than four years from the date of the particular education or training."	R.C. 3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law

3901-4-03	(C)	Shall	"Pursuant to section 3923.443 of the Revised Code, an insurer is required to obtain and maintain records that the initial training and continuing education of its agents concerning long term care insurance and its distribution as described in that section has taken place. The superintendent may audit an insurer's records on this subject annually to verify this is being done. The insurer shall maintain these records demonstrating education and training for not less than four years from the date of the particular education or training."	R.C. 3901.041, 3923.44, 3923.47	Yes, state law	Yes, state law
3901-5-01	(C)(1)	Shall	Licesnse renewal and CE transcripts "The biennial license renewal period shall be set forth in rule 3901-5-09 of the Administrative Code. "	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(C)(2)	Shall	"On-going renewal periods shall be the last day of an agent's birth month every two years thereafter."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(C)(3)	Shall	"The superintendent shall send a renewal notice to each agent at least one month prior to the agent's license expiration date. The renewal notice shall indicate if the resident agent has completed therequired number of CE hours for that renewal period as of the date of the renewal notice."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(C)(4)	Shall	"The superintendent shall post continuing education transcripts on thedepartment's website."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(C)(5)	Other - requires an action	"If the CE transcript or renewal notice indicates that a resident agent has not completed the required number of CE hours for that renewal period, it is the agent's responsibility to prove compliance with this rule and only request renewal of their license when they have successfully completed the requirednumber of CE hours. "	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(C)(6)	Must	"If the agent is seeking an extension or the inactivation, surrender, reinstatement ,reactivation or late renewal of a license, the agent must complete the necessary form as required by the superintendent."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(C)(8)	Must	"Credits must be earned by the agent and posted to the agent's record by the continuing education provider or the superintendent."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(D)(3)	Must	Exemptions The CE requirements contained in division (A) of section 3905.481of the Revised Code do not apply to the following agents: "Agents who hold only a title insurance license, provided they complete at least twelve credits of approved CE duringeach renewal period, ten of which must be directly related to the title insurance business and two of which must be approved as ethics. Agents who hold both a resident title and a resident major line license will have the same renewal period for both license types. The agent must complete twenty-four credits of CE, ten of which must be directly related to the title insurance business and three of which must be approved as ethics."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-01	(D)(3)	Must	Exemptions The CE requirements contained in division (A) of section 3905.481of the Revised Code do not apply to the following agents: "Agents who hold only a title insurance license, provided they complete at least twelve credits of approved CE duringeach renewal period, ten of which must be directly related to thetitle insurance business and two of which must be approved as ethics. Agents who hold both a resident title and a resident major linelicense will have the same renewal period for both license types. The agent mustcomplete twenty-four credits of CE, ten of which must be directly related tothe title insurance business and three of which must be approved as ethics."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(D)(4)	Shall	Exemptions "The CE requirements contained in division (A) of section 3905.481of the Revised Code do not apply to the following agents: Agents who hold only a resident surety bail bond license shall comply with the CE requirementsas set forth in section 3905.88 ofthe Revised Code. Agents who hold both a resident surety bail bond license and aresident major line license will have two separate renewalperiod.With the exception of ethics, credits earned for the agent's major line licensewill not count towards the surety bail bond credit requirement. CE creditscompleted for the surety bail bond license will count towards the agent's majorline CE requirement.	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(D)(4)	Shall	Exemptions "The CE requirements contained in division (A) of section 3905.481of the Revised Code do not apply to the following agents: Agents who holdonly a resident surety bail bond license shall comply with the CE requirementsas set forth in section 3905.88 ofthe Revised Code. Agents who hold both a resident surety bail bond license and aresident major line license will have two separate renewalperiod.With the exception of ethics, credits earned for the agent's major line licensewill not count towards the surety bail bond credit requirement. CE creditscompleted for the surety bail bond license will count towards the agent's majorline CE requirement."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(E)(1)	May Not	Credits "(1)A person who moves to Ohio from another state and becomes a resident agent may not carry over any CE credits from theother state."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(E)(4)(a)	Must	Credits "The provider may, but is not required to, give refunds for the portion of the course unattended. The provider's refund policy on partial attendance must be disclosed pursuant to the requirements of paragraph (E)(7) of rule 3901-5-04of the Administrative Code."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(E)(4)(b)	Must	Credits "If partial credit is given, the course participation fee must be paid to thesuperintendent or its designee in the amount required as if the agent had attended the entire class."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(E)(5)	Must	"To qualify for CE credit, both the course and the provider must be approved by the superintendent."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-01	(F)(1)	Must	Credit for publication, classroom instruction, and association membership "An agent may receive up to ten hours of CE credit per renewal period for the publication of articles or books authored by such agent. Articles and books must deal with matters directly related to the business of insurance. An article must be published in a generally known and recognized state or national publication. The extent to which such credit may be given shall be at the discretion of the superintendent. A request for such credit must be made in writing and must be accompanied by proof of authorship and publication. Credit will be given only once for each approved article or book."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(F)(1)	Must	Credit for publication, classroom instruction, and association membership "An agent may receive up to ten hours of CE credit per renewal period for the publication of articles or books authored by such agent. Articles and books must deal with matters directly related to the business of insurance. An article must be published in a generally known and recognized state or national publication. The extent to which such credit may be given shall be at the discretion of the superintendent. A request for such credit must be made in writing and must be accompanied by proof of authorship and publication. Credit will be given only once for each approved article or book."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(F)(1)	Shall	Credit for publication, classroom instruction, and association membership "An agent may receive up to ten hours of CE credit per renewal period for the publication of articles or books authored by such agent. Articles and books must deal with matters directly related to the business of insurance. An article must be published in a generally known and recognized state or national publication. The extent to which such credit may be given shall be at the discretion of the superintendent. A request for such credit must be made in writing and must be accompanied by proof of authorship and publication. Credit will be given only once for each approved article or book."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(F)(1)	Must	Credit for publication, classroom instruction, and association membership "An agent may receive up to ten hours of CE credit per renewal period for the publication of articles or books authored by such agent. Articles and books must deal with matters directly related to the business of insurance. An article must be published in a generally known and recognized state or national publication. The extent to which such credit may be given shall be at the discretion of the superintendent. A request for such credit must be made in writing and must be accompanied by proof of authorship and publication. Credit will be given only once for each approved article or book."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-01	(F)(2)	Must	"CE credit may be allowed for the authors of written materials used in approved CE courses on a one-time per course basis. The author will be allowed the number of CE credit hours for which the course was approved. If there are multiple authors of the written course materials, no author will receive more than his or her pro rata share as determined by the provider. The total number of hours received by all authors for a course cannot exceed the total number of hours for which the course is approved. A request for such credit must be made in writing and must be accompanied by proof of authorship."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(F)(5)	Other - requires an action	(5)An agent may earn up to four CE creditsper renewal period for membership and active participation inlocal, regional, state or national professional insurance associations. Creditsmay be earned from the combination of different local, regional, state ornational professional insurance associations in which the agent holds amembership to reach the four credit limit. The following are the minimumqualifications and limitations for earning association membership credit; (a)The agent must be a dues-paying member ofthe local, regional, state or national professional insurance association thatis approved as a CE provider and has a course specifically approved in thisstate to issue association membership credits. (b)The agent must be in good standing withthe local, regional, state or national professional insurance association atthe time the credits are earned. (c)The agent must actively participate inthe functions of a local, regional, state or national professional insuranceassociation, at the minimum, for the number of association credits earned. Forpurposes of this rule an association credit must provide for no less than fiftyminutes of participation. Active participation in a local, regional, state ornational professional insurance association can be met by the followingactivities: (i)Attending a formal meeting ora formal business program	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(F)(6)	Shall	"Credits earned from association membership using the same course identification number shall be permitted so long as the same activity type and completion date have not been previously submitted for credit. Agents may accumulate an unlimited number of association membership credits from the combination of different local, regional, state or national professional insurance associations, however, only the first four association credits reported to the superintendent will be applied towards the maximum number of association credits allowed per renewal period."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-01	(H)	Shall Not	Severability "If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041, 3901.20, 3905.16, 3905.486, 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-02	(D)(1)	Shall	(1) An application shall be made on a form prescribed by the superintendent and shall include the appropriate fee based on the fee option selected on the application.	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-02	(D)(2)	Shall	(2) The department shall review all provider applications within thirty days of receipt.	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-02	(D)(2)(a)	Must	(a) If the applicant submits an application that is incomplete or if the application lacks information deemed necessary by the department, the application will be returned with a letter indicating the areas which must be addressed before the review process will continue. If the department does not receive the requested information by the requested response date, the filing will be considered abandoned. The provider application fee is non-refundable and non-transferable.	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-02	(D)(2)(b)	Other - requires an action	(b) If a provider's application is approved, a provider identification number will be assigned and the provider will be notified in writing of the approval .	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-02	(D)(2)(b)	Other - requires an action	(b) If a provider's application is approved, a provider identification number will be assigned and the provider will be notified in writing of the approval .	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-02	(D)(2)(c)	Shall	c) The initial approval of a provider shall be from the date of approval through the thirty-first day of December of the same year in which the approval was granted.	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-02	(D)(3)	Shall	(3) A provider shall apply for renewal of its provider status no later than November thirtieth each year. The department shall have thirty days to review any renewal application.	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-02	(D)(3)	Shall	(3) A provider shall apply for renewal of its provider status no later than November thirtieth each year. The department shall have thirty days to review any renewal application.	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-02	(D)(3)(a)	Must	(a) If the applicant submits a renewal application that is incomplete or if the application lacks information deemed necessary by the department, the application will be returned with a letter indicating the areas which must be addressed before the review process will continue. If the department does not receive the requested information by the requested response date, the filing will be considered abandoned. The provider renewal fee is non-refundable and non-transferable.	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-02	(D)(3)(c)	Must	(c) Any provider whose authority has expired must reapply as a new provider before offering or holding any courses.	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-02	(E)(1)	Other - requires an action	(1) An authorized provider official is the individual responsible for the provider's compliance with the continuing education regulations. The authorized provider official is responsible for the provider's integrity and operation including the responsibility for obtaining continuing education provider approval, course approvals, verifying the qualifications of instructors, providing course schedules (where applicable), monitoring attendance, administering examinations (where applicable), and submitting course completion rosters and fees to the department or its designee, and providing any other documents required by the department.	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-02	(E)(2)	Must	2) The authorized provider official must supply and maintain an accurate email address which will be used as the primary source of communication with the provider.	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-02	(E)(3)	Must	(3) An authorized provider official may cause a facsimile signature stamp to be created and used for the purpose of providing signatures on provider rosters and completion certificates. An original signature and an example of the facsimile stamp must be provided to the department where it will be maintained on file. A facsimile stamp will only be accepted by the department when it is in an ink other than black.	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-02	(F)	Shall Not	(F) Severability If any paragraph, term, or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	R.C. 3901.041, R.C 3905.481, R.C. 3905.484, R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-03	(C)(9)	Other - prohibits an action	"'Proctor' means a disinterested third party that is a minimum age of eighteen years old which can be any person except for family members or individuals who have a financial interest in the student's success on the exam. Co-workers must not be above or below in the student's line of supervision."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(C)(10)	Require	"'Self-Study' means the method of instruction that is delivered or presented without an instructor and which does not require a student to attend an organized class; but does require the passage of an examination and/or frequent interaction with courseware as a condition of progressing through the course material."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)	Must	"All requests for approval of a course must be made in the manner prescribed by the superintendent and shall contain the following information: (1) A description of: (a) The number of requested credit hours and length of the course. For purposes of this rule a credit hour must provide for no less than fifty minutes of instruction. Breaks, introductions, lunches, announcements, or other non-instruction time is to be excluded in calculating the credit hours requested. Each course shall be a minimum of one credit hour, and shall be in increments of whole or one-half credit hours. No course will be approved for more than twenty-one credit hours. (b) The insurance topics to which the course relates. (c) The purpose or objective of the course and how the material offered will increase the knowledge of insurance and related subjects for the participants. (d) The level of course difficulty (i.e. basic, intermediate, or advanced). (e) The method of instruction in which the course will be delivered or presented. (f) The methods utilized to provide reasonable assurance of the student's identity. (g) The method(s) utilized to verify student's attendance, completion, or participation of the course. The methods utilized must be able to provide reasonable assurance of active student participation. (h) The criteria used in selecting instructors. Providers must make available upon request by any person the information	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(1)(a)	Must	"The number of requested credit hours and length of the course. For purposes of this rule a credit hour must provide for no less than fifty minutes of instruction. Breaks, introductions, lunches, announcements, or other non-instruction time is to be excluded in calculating the credit hours requested. Each course shall be a minimum of one credit hour, and shall be in increments of whole or one-half credit hours. No course will be approved for more than twenty-one credit hours."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(D)(1)(a)	Shall	"The number of requested credit hours and length of the course. For purposes of this rule a credit hour must provide for no less than fifty minutes of instruction. Breaks, introductions, lunches, announcements, or other non-instruction time is to be excluded in calculating the credit hours requested. Each course shall be a minimum of one credit hour, and shall be in increments of whole or one-half credit hours. No course will be approved for more than twenty-one credit hours."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(1)(a)	Other - prohibits an action	"The number of requested credit hours and length of the course. For purposes of this rule a credit hour must provide for no less than fifty minutes of instruction. Breaks, introductions, lunches, announcements, or other non-instruction time is to be excluded in calculating the credit hours requested. Each course shall be a minimum of one credit hour, and shall be in increments of whole or one-half credit hours. No course will be approved for more than twenty-one credit hours."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(1)(h)	Must	"The criteria used in selecting instructors. Providers must make available upon request by any person the information about the experience and qualifications of each instructor."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(1)(i)	Must	"The course tuition and the provider's fee refund policy, which must conform to the requirements of rule 3901-5-04 of the Administrative Code."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(2)	Shall	"All requests for approval of a course must be made in the manner prescribed by the superintendent and shall contain the following information: (2) A detailed content outline which contains a description of each topic to be covered by the course. This outline must specify the time components spent on each topic and the description must be sufficiently detailed to justify the request for each credit hour. The outline shall contain: (a) The proposed time component. (b) The specific material to be covered in each time component. (c) The method of presentation employed for each component. (d) The justification for the time allotted to each component of the course. (e) The time required to complete the course, in its entirety, without interruption. (f) The identification of any component that includes a sales or marketing element. "	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(3)	Shall	"All requests for approval of a course must be made in the manner prescribed by the superintendent and shall contain the following information: (3) A description of materials to be used during the course."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(D)(4)	Shall	"All requests for approval of a course must be made in the manner prescribed by the superintendent and shall contain the following information: (4) A statement as to whether an examination is required as part of the course and the minimum pass rate needed to pass the examination."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(5)	Shall	"All requests for approval of a course must be made in the manner prescribed by the superintendent and shall contain the following information: (5) A statement as to whether the course is part of a national insurance designation program."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(6)	Shall	"All requests for approval of a course must be made in the manner prescribed by the superintendent and shall contain the following information: (6) A statement as to whether the course is open to the public."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(7)	Shall	"All requests for approval of a course must be made in the manner prescribed by the superintendent and shall contain the following information: (7) A copy of the promotional brochures currently in use or proposed to be used for the course once approved by the superintendent. All promotional material must include the level of course difficulty (i.e. basic, intermediate, or advanced) and any time restrictions for the completion of a course imposed upon participants."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(8)	Shall	"All requests for approval of a course must be made in the manner prescribed by the superintendent and shall contain the following information: (8) The name of the authorized provider official as defined in rule 3901-5-02 of the Administrative Code."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(9)	Shall	"All requests for approval of a course must be made in the manner prescribed by the superintendent and shall contain the following information: (9) The time, date, and location of the course will be held, if known."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(10)	Shall	"All requests for approval of a course must be made in the manner prescribed by the superintendent and shall contain the following information: (10) If course approval is being requested through the use of an approved multi-state form, the provider must submit the completed form and any required attachments as noted on the form."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(D)(11)	Shall	"All requests for approval of a course must be made in the manner prescribed by the superintendent and shall contain the following information: (11) Any other information the superintendent may request"	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(E)(1)	Must	"In order for a course to be approved by the superintendent as an acceptable continuing education course, at a minimum, the course must: (a) Be offered by an approved provider. (b) Use the most recent policy forms filed in Ohio, editions, and laws to the extent possible. (c) Have significant intellectual or practical content that enhances and improves the agent's insurance knowledge or professional competence. A course should be an organized program of learning dealing with matters directly related to insurance, the insurance industry, professional competence, ethical obligations, insurance office operations or management or similar subjects that will promote the purposes of this rule. (d) Meet all other criteria set forth in this rule."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(F)(1)	Other - requires an action	"The authorized provider official is responsible for verifying that instructors meet the required minimum qualifications. Instructors must meet one of the following qualification categories:"	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(F)(1)	Must	"The authorized provider official is responsible for verifying that instructors meet the required minimum qualifications. Instructors must meet one of the following qualification categories:"	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(F)(2)	Shall	"A provider shall verify each instructor's relevant qualifications and shall be prepared to provide evidence of such qualifications to the superintendent upon request."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(F)(3)	Must	"Instructors must be knowledgeable in the subject that they teach in a course."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(F)(4)	Other - prohibits an action	(4) Instructors may receive CE credits for a course which they teach. An instructor is only eligible to receive credit for the same course once during a renewal cycle. The instructor may receive double the number of credit hours which they teach.	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(F)(5)	Must	"Insurance company trainers as instructors must be full-time salaried employees of the insurance company sponsoring the course and must have as part of their full-time responsibilities the duty to provide insurance company training."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(F)(6)	Must	"College and university instructors may be full-time or adjunct faculty of the accredited college or university, must be teaching a curriculum course in his or her field of expertise, and must meet the requirements of the association that accredits the college or university."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(F)(7)	Shall	"Any person that has had administrative action taken against a professional license or registration shall disclose such action to the provider prior to instructing a course, seminar, conference or lecture. If the provider wants to use this person as an instructor under its authority, the provider must notify the superintendent immediately upon receipt of such information. This person shall be ineligible to serve as an instructor, seminar or conference leader or lecturer unless written approval has been granted by the superintendent."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(F)(7)	Must	"Any person that has had administrative action taken against a professional license or registration shall disclose such action to the provider prior to instructing a course, seminar, conference or lecture. If the provider wants to use this person as an instructor under its authority, the provider must notify the superintendent immediately upon receipt of such information. This person shall be ineligible to serve as an instructor, seminar or conference leader or lecturer unless written approval has been granted by the superintendent."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(F)(7)	Shall	"Any person that has had administrative action taken against a professional license or registration shall disclose such action to the provider prior to instructing a course, seminar, conference or lecture. If the provider wants to use this person as an instructor under its authority, the provider must notify the superintendent immediately upon receipt of such information. This person shall be ineligible to serve as an instructor, seminar or conference leader or lecturer unless written approval has been granted by the superintendent."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(G)(1)	Shall	"A course application shall be made on a form prescribed by the superintendent and shall include the appropriate fee based on the fee option selected on the provider application. The superintendent shall review each application within thirty days of the date of receipt of a complete application and appropriate fees. The effective date of a course approval shall be within the superintendent's discretion."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(G)(1)	Shall	"A course application shall be made on a form prescribed by the superintendent and shall include the appropriate fee based on the fee option selected on the provider application. The superintendent shall review each application within thirty days of the date of receipt of a complete application and appropriate fees. The effective date of a course approval shall be within the superintendent's discretion."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(G)(1)	Shall	"A course application shall be made on a form prescribed by the superintendent and shall include the appropriate fee based on the fee option selected on the provider application. The superintendent shall review each application within thirty days of the date of receipt of a complete application and appropriate fees. The effective date of a course approval shall be within the superintendent's discretion."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(G)(2)	Other - requires an action	"If the provider submits an initial course or renewal application that is incomplete or if the application lacks information deemed necessary by the superintendent, the application will be returned with a letter indicating areas which must be addressed before the review process will continue. If the superintendent does not receive the requested information by the requested response date, the filing will be considered abandoned. The course application fee is non-refundable and non-transferable."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(G)(3)	Other - requires an action	"Providers will be notified in writing of the approval of each course and of the course number assigned to it by the superintendent. A course is approved from the date of approval until December thirty-first of the same year in which the course is approved. The course must be renewed on an annual basis in order for the provider to continue offering the course. An application for renewal shall be made no later than November thirtieth each year. The superintendent shall have thirty days to review course renewal applications."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(G)(3)	Must	"Providers will be notified in writing of the approval of each course and of the course number assigned to it by the superintendent. A course is approved from the date of approval until December thirty-first of the same year in which the course is approved. The course must be renewed on an annual basis in order for the provider to continue offering the course. An application for renewal shall be made no later than November thirtieth each year. The superintendent shall have thirty days to review course renewal applications."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(G)(3)	Shall	"Providers will be notified in writing of the approval of each course and of the course number assigned to it by the superintendent. A course is approved from the date of approval until December thirty-first of the same year in which the course is approved. The course must be renewed on an annual basis in order for the provider to continue offering the course. An application for renewal shall be made no later than November thirtieth each year. The superintendent shall have thirty days to review course renewal applications."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(G)(3)	Shall	"Providers will be notified in writing of the approval of each course and of the course number assigned to it by the superintendent. A course is approved from the date of approval until December thirty-first of the same year in which the course is approved. The course must be renewed on an annual basis in order for the provider to continue offering the course. An application for renewal shall be made no later than November thirtieth each year. The superintendent shall have thirty days to review course renewal applications."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(G)(3)(a)	Shall	"A course renewal application shall be made on a form prescribed by the superintendent and shall include the appropriate fee based on the fee option selected on the provider renewal application."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(G)(3)(b)	May Not	"Any provider or associated course whose renewal has not been processed before the expiration date will automatically expire as of December thirty-first of that renewal year. The provider may not offer any course for credit until the provider and associated courses are approved by the superintendent"	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(G)(4)	Shall	"Based upon a review of the application the superintendent may approve a course for fewer credits than requested, and a provider shall only offer and award the number of credit hours as approved."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(1)(a)	Other - requires an action	"(1) A self-study course may be offered utilizing the following formats: (a) On-line course with interactive chapter or section questions. This type of interactive on-line course has a series of questions at the end of each chapter or section designed to test the student's subject matter knowledge of that chapter or section. The student shall not advance to the next chapter or section until the student has successfully answered all the questions for the previous chapter or section. The student may review the material in order to answer a question. An interactive on-line self-study course is not required to have a final examination. An interactive on-line course must be designed so as to prevent the student from completing the course in a time unreasonably short when compared to the credit hour total approved for the course. (b) A non-interactive on-line course which has a scored on-line final examination, (c) A non-interactive on-line or paper-based course which has a mail-in final examination, or (d) Any type of self-study program with a proctored final examination. (e) Other types of self-study courses as the superintendent may approve. "	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(H)(2)	Shall	"In addition to providing all other information required pursuant to this rule, a provider shall include: (a) For an on-line interactive course, the number of questions that appear at the end of each chapter or section, a sample of the questions, references from the questions back to the text if requested by the superintendent, and a copy of the answer key for the sample questions; or (b) For a course which requires a final examination, the number of examination questions which will appear on the student's examination, references from the examination back to the text if requested by the superintendent, and a copy of the examination answer key with the application. The answer key shall indicate the total amount of credit possible for answering each question correctly. If essay questions are employed in the examination there must be an explanation as to how essay questions will be graded."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(3)	Shall	"A provider shall require each agent to enroll and pay for the course before having access to the course material."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(4)	Shall	"A provider shall prevent access to the course unit/chapter questions and final exam before the agent reviews the course materials."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(5)	Shall	"A provider shall prevent downloading and printing of any course unit/chapter question and final exam."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(6)(a)	Must	"The following are minimum requirements for self-study final examination and on-line interactive chapter/section questions: (a) Multiple choisce items must have a minimum of four options.	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(6)(b)	Must	"The following are minimum requirements for self-study final examination and on-line interactive chapter/section questions: (b) Multiple choice items must have only one correct response.	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(6)(c)	Must	"The following are minimum requirements for self-study final examination and on-line interactive chapter/section questions: (c) Mulitple choice answers must be grammatically consistent and parallel in form to eliminate obviously wrong answers.	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(H)(6)(d)	Shall	"The following are minimum requirements for self-study final examination and on-line interactive chapter/section questions: (d) No correct answer to one question shall provide a clue to the correct answer to any other questions in the chapter/section questions or final examination.	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(6)(e)	Shall	"The following are minimum requirements for self-study final examination and on-line interactive chapter/section questions: (e) Questions shall be clearly written.	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(6)(f)	Shall Not	"The following are minimum requirements for self-study final examination and on-line interactive chapter/section questions: (f) Questions shall adequately cover the course material set out in the course outline.	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(6)(g)	Shall Not	"The following are minimum requirements for self-study final examination and on-line interactive chapter/section questions: (g) Answers to the questions shall not be in a discernable pattern.	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(6)(h)	Other - prohibits an action	"The following are minimum requirements for self-study final examination and on-line interactive chapter/section questions: (h) Final exam questions must not duplicate any unit/chapter questions."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(7)	Must	"In order to obtain credit for a self-study course the licensee must either: (a) Complete an interactive on-line course having answered one hundred percent of each chapter's/section's questions correctly; or (b) Receive a grade of seventy percent or greater on the final examination."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(8)	Shall	"A final examination shall be administered only upon completion of the self-study course and shall meet the minimum requirements:"	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(8)(a)	Must	"A final examination shall be administered only upon completion of the self-study course and shall meet the minimum requirements: (a) Final examinations must consist of a minimum of ten questions for each credit hour requested."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(H)(8)(b)	Shall	"A final examination shall be administered only upon completion of the self-study course and shall meet the minimum requirements: (b) A self-study course that includes a final examination shall have at least enough questions to fashion a minimum of two versions with at least fifty per cent of the question being new/different in each subsequent version."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(9)	Must	"Providers offering self-study courses must have qualified instructors available to respond to questions within forty-eight hours by telephone or email".	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(10)	Must	"At the conclusion of a self-study final examination, the proctor must sign an affidavit attesting that the student completed the exam without assistance from any person, course material, or reference material. The proctor must provide their name, address, and phone number on the affidavit. Providers must be able to prevent the issuance of a proctor affidavit and student affidavit until the course and course examination is successfully completed. Affidavits may be administered and signed electronically."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(10)	Must	"At the conclusion of a self-study final examination, the proctor must sign an affidavit attesting that the student completed the exam without assistance from any person, course material, or reference material. The proctor must provide their name, address, and phone number on the affidavit. Providers must be able to prevent the issuance of a proctor affidavit and student affidavit until the course and course examination is successfully completed. Affidavits may be administered and signed electronically."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(11)	Shall	"Each student shall certify that he or she completed the course and, if applicable, the examination without assistance. If the examination is monitored, the provider or proctor may check ID to identify students."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(H)(12)	Shall	"Details on how the examination materials are to be returned to the provider shall be included in the instructions."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(1)(a)	Must	"Distance learning must: (a) Be conducted in real time at all locations and require each student to log into course using a distinct username, password, and/or email."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(1)(a)	Must	"Distance learning must: (a) Be conducted in real time at all locations and require each student to log into course using a distinct username, password, and/or email."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(I)(1)(b)	Must	"Distance learning must: (b) Be designed such that students actively participate in the instructional process, by utilizing techniques that require substantial student interaction with the instructor, other students, or a computer program. The course design must not permit students to sit passively and observe instruction or read instructional material. The provider must have a process to determine when a student is inactive or not fully participating, such as when the screen is minimized, or the participant does not answer the polling questions and/or verification codes. No less than three methods of interactive activities must be asked at unannounced intervals during each one-hour course session to determine student attentiveness. A provider may administer examinations to students for the purpose of verifying participation and evaluating the effectiveness of the distance learning course, but passage of an examination by a student shall not be a condition for advancement to a subsequent section of the course or successful completion of the course, unless the course is part of a national designation program which requires the passage of an examination."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(1)(b)	Other - prohibits an action	"Distance learning must: (b) Be designed such that students actively participate in the instructional process, by utilizing techniques that require substantial student interaction with the instructor, other students, or a computer program. The course design must not permit students to sit passively and observe instruction or read instructional material. The provider must have a process to determine when a student is inactive or not fully participating, such as when the screen is minimized, or the participant does not answer the polling questions and/or verification codes. No less than three methods of interactive activities must be asked at unannounced intervals during each one-hour course session to determine student attentiveness. A provider may administer examinations to students for the purpose of verifying participation and evaluating the effectiveness of the distance learning course, but passage of an examination by a student shall not be a condition for advancement to a subsequent section of the course or successful completion of the course, unless the course is part of a national designation program which requires the passage of an examination."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(I)(1)(b)	Must	"Distance learning must: (b) Be designed such that students actively participate in the instructional process, by utilizing techniques that require substantial student interaction with the instructor, other students, or a computer program. The course design must not permit students to sit passively and observe instruction or read instructional material. The provider must have a process to determine when a student is inactive or not fully participating, such as when the screen is minimized, or the participant does not answer the polling questions and/or verification codes. No less than three methods of interactive activities must be asked at unannounced intervals during each one-hour course session to determine student attentiveness. A provider may administer examinations to students for the purpose of verifying participation and evaluating the effectiveness of the distance learning course, but passage of an examination by a student shall not be a condition for advancement to a subsequent section of the course or successful completion of the course, unless the course is part of a national designation program which requires the passage of an examination."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(1)(b)	Must	"Distance learning must: (b) Be designed such that students actively participate in the instructional process, by utilizing techniques that require substantial student interaction with the instructor, other students, or a computer program. The course design must not permit students to sit passively and observe instruction or read instructional material. The provider must have a process to determine when a student is inactive or not fully participating, such as when the screen is minimized, or the participant does not answer the polling questions and/or verification codes. No less than three methods of interactive activities must be asked at unannounced intervals during each one-hour course session to determine student attentiveness. A provider may administer examinations to students for the purpose of verifying participation and evaluating the effectiveness of the distance learning course, but passage of an examination by a student shall not be a condition for advancement to a subsequent section of the course or successful completion of the course, unless the course is part of a national designation program which requires the passage of an examination."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(I)(1)(b)	Require	"Distance learning must: (b) Be designed such that students actively participate in the instructional process, by utilizing techniques that require substantial student interaction with the instructor, other students, or a computer program. The course design must not permit students to sit passively and observe instruction or read instructional material. The provider must have a process to determine when a student is inactive or not fully participating, such as when the screen is minimized, or the participant does not answer the polling questions and/or verification codes. No less than three methods of interactive activities must be asked at unannounced intervals during each one-hour course session to determine student attentiveness. A provider may administer examinations to students for the purpose of verifying participation and evaluating the effectiveness of the distance learning course, but passage of an examination by a student shall not be a condition for advancement to a subsequent section of the course or successful completion of the course, unless the course is part of a national designation program which requires the passage of an examination."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(1)(b)	Require	"Distance learning must: (b) Be designed such that students actively participate in the instructional process, by utilizing techniques that require substantial student interaction with the instructor, other students, or a computer program. The course design must not permit students to sit passively and observe instruction or read instructional material. The provider must have a process to determine when a student is inactive or not fully participating, such as when the screen is minimized, or the participant does not answer the polling questions and/or verification codes. No less than three methods of interactive activities must be asked at unannounced intervals during each one-hour course session to determine student attentiveness. A provider may administer examinations to students for the purpose of verifying participation and evaluating the effectiveness of the distance learning course, but passage of an examination by a student shall not be a condition for advancement to a subsequent section of the course or successful completion of the course, unless the course is part of a national designation program which requires the passage of an examination."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(I)(1)(b)	Shall Not	"Distance learning must: (b) Be designed such that students actively participate in the instructional process, by utilizing techniques that require substantial student interaction with the instructor, other students, or a computer program. The course design must not permit students to sit passively and observe instruction or read instructional material. The provider must have a process to determine when a student is inactive or not fully participating, such as when the screen is minimized, or the participant does not answer the polling questions and/or verification codes. No less than three methods of interactive activities must be asked at unannounced intervals during each one-hour course session to determine student attentiveness. A provider may administer examinations to students for the purpose of verifying participation and evaluating the effectiveness of the distance learning course, but passage of an examination by a student shall not be a condition for advancement to a subsequent section of the course or successful completion of the course, unless the course is part of a national designation program which requires the passage of an examination."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(1)(c)	Must	"Distance learning must: (c) Utilize only instructors who are qualified according to Ohio's instructor guidelines pursuant to paragraph (E) of this rule."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(1)(d)	Must	"Distance learning must: (d) Have appropriate instructor and technical support to enable students to satisfactorily complete the course. The provider shall maintain an electronic roster to include records for each student's log-in/log-out times. Chat history and interactive responses should be captured as part of the electronic records."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(1)(d)	Shall	"Distance learning must: (d) Have appropriate instructor and technical support to enable students to satisfactorily complete the course. The provider shall maintain an electronic roster to include records for each student's log-in/log-out times. Chat history and interactive responses should be captured as part of the electronic records."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(1)(e)	Must	"Distance learning must: (e) Utilize procedures that provide reasonable assurance of student identity. Provider must verify the identity and national producer number (NPN) of all students."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(1)(e)	Must	"Distance learning must: (e) Utilize procedures that provide reasonable assurance of student identity. Provider must verify the identity and national producer number (NPN) of all students."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(I)(1)(f)	Must	"Distance learning must: (f) Have a provider representative monitor attendance throughout the course and that the student receiving the continuing education credit actually performed all the work required to satisfactorily complete the course. When a student is deemed inactive, or not fully participating in the course, continuing education credit must be denied. The provider must inform each student in advance of course participation of the course participation requirements and the consequences for failing to actively participate in the course."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(1)(f)	Must	"Distance learning must: (f) Have a provider representative monitor attendance throughout the course and that the student receiving the continuing education credit actually performed all the work required to satisfactorily complete the course. When a student is deemed inactive, or not fully participating in the course, continuing education credit must be denied. The provider must inform each student in advance of course participation of the course participation requirements and the consequences for failing to actively participate in the course."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(1)(f)	Must	"Distance learning must: (f) Have a provider representative monitor attendance throughout the course and that the student receiving the continuing education credit actually performed all the work required to satisfactorily complete the course. When a student is deemed inactive, or not fully participating in the course, continuing education credit must be denied. The provider must inform each student in advance of course participation of the course participation requirements and the consequences for failing to actively participate in the course."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(2)	Must	"The provider must provide the students with an orientation or information package which contains all necessary information about the course subject matter and learning objective; procedures and requirements for satisfactory course completion, special requirements with regard to computer hardware and software or other equipment, and the availability of instructor or technical support."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(3)	Must	"Students must be able to interact in real time with qualified instructor(s). Students should be able to submit questions or comments at any point during the course. A student cannot be capable of independently completing the course."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(3)	Other - requires an action	"Students must be able to interact in real time with qualified instructor(s). Students should be able to submit questions or comments at any point during the course. A student cannot be capable of independently completing the course."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(I)(3)	Other - prohibits an action	"Students must be able to interact in real time with qualified instructor(s). Students should be able to submit questions or comments at any point during the course. A student cannot be capable of independently completing the course."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(4)	Must	"The title of the course must clearly state that it is a distance learning course."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(I)(5)	Other - prohibits an action	"No partial credit shall be granted for courses approved as a distance learning course."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(J)(1)	Must	"A state insurance professional association ororganization that is an approved provider pursuant to rule 3901-5-02 of the Administrative Code and that is affiliated with a national associationor organization may file a course application and roster for annual association meetings conducted by the national association or organization. (1) The course application must be filed prior to the meeting. (2) The method of attendance verification shall be determined by the provider. (3) Fees. (a) No course fee shall be charged. (b) The roster fee must be paid."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(J)(2)	Shall	"A state insurance professional association ororganization that is an approved provider pursuant to rule 3901-5-02 of the Administrative Code and that is affiliated with a national associationor organization may file a course application and roster for annual association meetings conducted by the national association or organization. (1) The course application must be filed prior to the meeting. (2) The method of attendance verification shall be determined by the provider. (3) Fees. (a) No course fee shall be charged. (b) The roster fee must be paid."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(J)(3)(a)	Other - prohibits an action	"A state insurance professional association ororganization that is an approved provider pursuant to rule 3901-5-02 of the Administrative Code and that is affiliated with a national associationor organization may file a course application and roster for annual association meetings conducted by the national association or organization. (1) The course application must be filed prior to the meeting. (2) The method of attendance verification shall be determined by the provider. (3) Fees. (a) No course fee shall be charged. (b) The roster fee must be paid."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(J)(3)(b)	Must	"A state insurance professional association ororganization that is an approved provider pursuant to rule 3901-5-02 of the Administrative Code and that is affiliated with a national associationor organization may file a course application and roster for annual association meetings conducted by the national association or organization. (1) The course application must be filed prior to the meeting. (2) The method of attendance verification shall be determined by the provider. (3) Fees. (a) No course fee shall be charged. (b) The roster fee must be paid."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(1)	Must	(1)The provider must file with the superintendent of insurance for approval of a course number to be shown on all certificates issued for association membership CE credit prior to any participation activity that may result in association membership credit being offered."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(2)(a)	Must	"The local, regional, state or national professional insurance association must meet, at the minimum, the following qualifications: (a) Must be organized as an association or corporation under state law;	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
901-5-03 Continuing education cours	(K)(2)(b)	Must	"The local, regional, state or national professional insurance association must meet, at the minimum, the following qualifications: (b) Must be based on paid memberships which renew annually or biennially for an additional membership fee;	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(K)(2)(c)	Must	"The local, regional, state or national professional insurance association must meet, at the minimum, the following qualifications: (c) Must be organized for the express purpose of promoting the interests of insurance licensees or a class of insurance licensees;	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(2)(d)	Must	"The local, regional, state or national professional insurance association must meet, at the minimum, the following qualifications: (d) Local and regional associations must have been in existence for at least seven years prior to applying for course approval to offer association membership credit. State and national associations must have been in existence for at least five years prior to applying for course approval to offer association membership credit;	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(2)(e)	Must	"The local, regional, state or national professional insurance association must meet, at the minimum, the following qualifications: (e) Must have been formed for purposes other than providing CE credits to meet state educational requirements;	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(2)(f)	Must	"The local, regional, state or national professional insurance association must meet, at the minimum, the following qualifications: (f) Must have an active membership base of at least one hundred fifty, individually licensed insurance agents which are dues paying members of the association.	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(2)(g)	Must	"The local, regional, state or national professional insurance association must meet, at the minimum, the following qualifications: (g) Must submit a course application on a form prescribed by the superintendent and shall include the appropriate fee based on the fee option selected on the application. Course approval shall be authorized from the date of approval until December thirty-first of the same year in which the course is approved;	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(2)(g)	Must	"The local, regional, state or national professional insurance association must meet, at the minimum, the following qualifications: (g) Must submit a course application on a form prescribed by the superintendent and shall include the appropriate fee based on the fee option selected on the application. Course approval shall be authorized from the date of approval until December thirty-first of the same year in which the course is approved;	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(2)(h)	Must	"The local, regional, state or national professional insurance association must meet, at the minimum, the following qualifications: (h) The course must be renewed on an annual basis in order for the provider to continue offering association membership credit. An application for renewal shall be made no later then November thirtieth each year on a form prescribed by the superintendent and shall include the appropriate fee based on the fee option selected on the renewal application."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law

3901-5-03	(K)(2)(h)	Must	"The local, regional, state or national professional insurance association must meet, at the minimum, the following qualifications: (h) The course must be renewed on an annual basis in order for the provider to continue offering association membership credit. An application for renewal shall be made no later then November thirtieth each year on a form prescribed by the superintendent and shall include the appropriate fee based on the fee option selected on the renewal application."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(2)(h)	Must	"The local, regional, state or national professional insurance association must meet, at the minimum, the following qualifications: (h) The course must be renewed on an annual basis in order for the provider to continue offering association membership credit. An application for renewal shall be made no later then November thirtieth each year on a form prescribed by the superintendent and shall include the appropriate fee based on the fee option selected on the renewal application."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(3)	Shall	"The method of verification of qualified participation activity shall be determined by the provider."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(4)	Other - requires an action	"The association is responsible for determining if participation in a meeting, program or affiliation qualifies for association credit and for the number of appropriate association credits earned. If the association determines that a requested activity does not qualify for association membership credit, the provider shall send a letter to the licensee within ten calendar days of the decision with an explanation as to why credit was not granted."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(4)	Shall	"The association is responsible for determining if participation in a meeting, program or affiliation qualifies for association credit and for the number of appropriate association credits earned. If the association determines that a requested activity does not qualify for association membership credit, the provider shall send a letter to the licensee within ten calendar days of the decision with an explanation as to why credit was not granted."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(K)(5)	Shall	"The provider shall submit association membership credit requests to the superintendent on a form prescribed by the superintendent pursuant to the submission requirements of paragraph (D)(5) in rule 3901-5-04 of the Administrative Code."	R.C. 3901.041; R.C. 3905.486	Yes, state law	Yes, state law
3901-5-03	(L)	Shall Not	"If any paragraph, term, or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect".	R.C. 3901.041; R.C. 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-03	C(1)	Must	"A course must be offered and presented as approved. The failure to do so may result in a denial of CE credit for the course. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(2)	Must	"Written notice of any changes to a provider or course application must be given to the superintendent no later than fifteen days subsequent to the effective date of the change. Notice of such changes must contain both the provider and course identification numbers. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(2)	Must	"Written notice of any changes to a provider or course application must be given to the superintendent no later than fifteen days subsequent to the effective date of the change. Notice of such changes must contain both the provider and course identification numbers. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(3)	May Not	"Providers may not change a course's content or outline without prior written approval of the superintendent."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(4)	Must	"An approved course must be in session on the date(s) scheduled, during the specified hours and at the designated location unless cancelled in accordance with paragraph (C)(5) of this rule or unless notification of any change is given to the superintendent in accordance with paragraph (C)(2) of this rule."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(5)	Must	"If an approved course is cancelled, or if an agent cancels in advance of the date of the course, the provider must refund all fees in full within forty-five days of the cancellation unless a different refund policy is conspicuously printed on the provider's materials"	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(6)	Must	"A provider must issue written notification to all individuals who are scheduled to attend a course of any change in the course location, date, time, course content, or refund policy prior to the course offering."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(6)	Must	"If a course is postponed to a later date or moved to a location that is different and is more than ten miles from the original course location, the provider must offer each agent who is scheduled to attend the option of a full refund in lieu of attending the class."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(7)	Must	"A provider must monitor course attendance, examination or participation of each agent."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(7)	Must	"The provider must be able to provide reasonable assurance of active student participation in every course."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(8)	Must	A provider must submit the date, time and location of each course to the superintendent at least ten days prior to the offering of the course.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(8)	Must	The provider must notify the superintendent, in writing, immediately upon cancellation of or any change to a scheduled course.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(9)	Shall Not	Providers approved to offer CE credit for association membership shall not submit to the superintendent association membership credit based on an agent's act of joining the local, regional, state or national professional insurance association.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	C(10)	Must	A provider must comply with the "Equal Employment Opportunity" and the Americans with Disabilities Act	R.C. 3901.041, 3905.486	Yes, federal law	Yes, federal law
3901-5-04	C(11)	Must	Facilities must be large enough to comfortably accommodate all attendees and instructors and must be conducive to the education process.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-04	C(12)	Shall	Providers shall submit all applications, schedules and rosters electronically, using a system prescribed by the superintendent, unless the superintendent has authorized other submission methods.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	D(1)	Shall	Each provider shall maintain accurate attendance records for each course.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	D(1)	Must	Providers must obtain the agents signatures and appropriate verification of the time of arrival and departure.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	D(2)	Shall	Within fifteen calendar days after the completion of a course, the provider shall file an attendance roster, which identifies each agent who completed the course.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	D(2)	Must	The roster must include the agent's name, national producer number (NPN) or other identification number requested by the superintendent, and the number of requested credits per agent listed on the roster.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	D(2)	Must	If partial credit is being given, the provider must note on the attendance roster the actual number of credits to be given to that agent.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	D(2)	Must	The participation fee amount submitted to the roster must be equal to the number of credits approved for the course.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	D(3)	Shall	Any instructor for whom CE credit is sought shall also be identified on the attendance roster with a notation of the total number of credits that are to be given for the instruction.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	D(3)	Must	Providers must include a participation fee equal to the number of credits given to the instructor.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	D(5)	Must	For association membership credit, the provider must submit a course roster to the superintendent within fifteen calendar days of an agent making a written request to the association.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	D(5)	Other - requires an action	Prior to submitting a course roster, it is the responsibility of the association to verify that the agent's activity qualifies for association credit.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	D(5)(a)	Shall	The provider shall submit only one qualifying activity or program per roster and shall identify the number of association credits each agent earned per activity.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	D(5)(b)	Must	The provider must submit the course participation fee of one dollar per association membership credit per member with the roster	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	E(1)	Must	(E) Advertising (1) All CE advertising or promotion of any kind must contain all of the following: (a) The complete name of the provider as it appears on the application for provider approval; (b) The complete title of the course as it appears on the application for course approval; (c) The number of Ohio CE credit hours for which the course is approved; and (d) Whether an exam is required in order to receive CE credit. (e) Level of course instruction (i.e. introductory, intermediate, advanced).	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	E(2)	Other - prohibits an action	"A provider must not represent that a course has been approved for CE credit in Ohio until the superintendent issues written approval of course."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	E(2)	Must	"A provider may represent that an application for CE approval is pending, but if a provider does so and approval is not granted, the provider must make a full refund of all fees."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-04	E(2)	Must	"If a provider represents that approval is pending, the provider must also state, in substance, that the superintendent could deny course approval or approve the course for fewer credits than requested."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	E(3)	Shall Not	"A provider shall not offer any guarantee or represent that there is any guarantee that a licensee will pass a required examination."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	E(4)	Shall Not	"A provider approved to offer association membership credit shall not offer any guarantee or representation that membership in its organization will automatically qualify for CE credits."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	E(5)	Must	"If several approved courses are offered together, all advertising and promotional materials must separately identify each approved course and the respective number of CE credit hours for which each course is approved."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	E(6)	Shall Not	In advertising or promoting itself or any of its courses, a provider shall not make any representation or statement, or cause or permit another to make any representation or statement which is false, deceptive or misleading.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	E(7)	Must	A provider's refund policy must be clearly and conspicuously disclosed in all advertising and on all printed promotional materials.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	F(2)	Other - requires an action	The instructors at an approved course may be required to provide proof of identity upon request during an audit of a course.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	G(1)	Shall	Each provider shall retain all records which pertain to its Ohio CE activities for a minimum of four years.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	G(2)	Must	"A provider must be able to verify who attended or completed each course for a minimum of four years following the completion of such course."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	G(3)	Must	"A provider approved to issue association membership credit must be able to verify active participation by those members granted such credit for a minimum of four years following the completion of the calendar year in which credit was granted."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	H(1)	Shall	"A certificate of completion shall contain the agent's name and national producer number (NPN) or other identification number requested by the superintendent, the name and identification number of the course, the date(s) the course was held or date(s) the association credit activity was earned, the number of credit hours completed by the agent, the name and identification number of the provider and a representative of the provider shall sign each certificate."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	H(2)	Shall	"A provider shall issue a certificate of completion to each agent within ten calendar days of course completion."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	H(2)	Shall	"For association membership credit, the course completion date shall be based on the date the provider received a written request from an agent requesting association membership credit pursuant to paragraph (F)(5) of rule 3901-5-01 of the Administrative Code or the date of the association activity, whichever is later."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-04	I	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, such judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, and the remaining paragraphs, terms and provisions shall be and shall continue in full force and effect."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-05	C(1)	Other - prohibits an action	"Making any false, misleading or deceptive statement or representation about the status of a course approval, the number of hours for which a course is approved or any other statement about a course or provider. The penalty for a single violation is a forfeiture of five hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(2)	Other - prohibits an action	"The use of an unqualified instructor. The penalty for a single violation is a forfeiture of five hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(3)	Other - requires an action	"Failure to maintain all necessary records for the required time periods. The penalty for a single violation is a forfeiture of one hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(4)	Other - prohibits an action	"The use, submission or filing of any document for the purpose of complying with the agent education statutes and rules, or in responding to any inquiry from the superintendent concerning agent education, when the provider knows or should know that the document, or any part of it, is false or deceptive. The penalty for a single violation is a forfeiture of one thousand dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(5)	Other - requires an action	"Failure to use the approved course outline. The penalty for a single violation is a forfeiture of one hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(6)	Other - requires an action	"Failure to notify the superintendent of changes to any course, previously approved, prior to course offering. The penalty for a single violation is a forfeiture of one hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(7)	Other - requires an action	Failure to conduct the approved course for the full time, as specified in the course application. The penalty for a single violation is a forfeiture of one hundred dollars.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(8)	Other - requires an action	"Failure to monitor course attendance, course participation or completion of examination. The penalty for a single violation is a forfeiture of five hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(9)	Other - requires an action	"Failure to comply with applicable Americans with Disabilities Act and "Equal Employment Opportunity" regulations. The penalty for a single violation is a forfeiture of one hundred dollars."	R.C. 3901.041, 3905.486	Yes, federal law	Yes, federal law
3901-5-05	C(10)	Other - requires an action	"Failure to provide timely refunds to participants when required. The penalty for a single violation is a forfeiture of one hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(11)	Other - requires an action	"Failure to file or the late filing of any form or required information, other than attendance roster. The penalty for a single violation is a forfeiture of one hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(12)	Other - requires an action	"Failure to timely file an attendance roster. The penalty for a single violation is a forfeiture of five hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(13)	Other - requires an action	"Failure to conduct a course as it was approved or maintain course integrity. The penalty for a single violation is a forfeiture of five hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(14)	Other - prohibits an action	"Obtaining the attendance or enrollment of licensees or students by actual or implied coercion. The penalty for a single violation is a forfeiture of five hundred dollars. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(15)	Other - requires an action	"The failure of a provider to timely provide a certificate of completion to an attendee or the failure of a provider to provide an attendee with an accurate certificate of completion. The penalty for a single violation is a forfeiture of two hundred dollars. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(16)	Other - requires an action	"Failure to accurately report the actual number of course hours attended for each individual. The penalty for a single violation is a forfeiture of five hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(17)	Other - requires an action	"Failure to properly determine active participation in a local, regional, state or national professional insurance association activity. The penalty for a single violation is a forfeiture of five hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-05	C(18)	Other - prohibits an action	"Advertising that an agent may receive credit for simply becoming a member of an association. The penalty for a single violation is a forfeiture of one thousand dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(19)	Other - requires an action	"Failure to provide a written response to the superintendent within twenty-one days after receipt of any written inquiry from the superintendent. The penalty for a single violation is a forfeiture of fifty dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(20)	Other - requires an action	"Failure to report disciplinary action taken against the provider's authority by any regulatory body which grants a license, registration or permission to conduct business. The penalty for a single violation is a forfeiture of two hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	C(21)	Other - prohibits an action	"The violation of any provision of rule 3901-5-01, 3901-5-02, 3901-5-03, 3901-5-04, 3901-5-06 or 3901-5-07 of the Administrative Code may be grounds for termination of a provider's authority to offer pre-license courses or continuing education courses in this state."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	D(1)	Other - prohibits an action	"The use, submission or filing of any document or record for the purpose of complying with the agent education statutes and rules, or in responding to any inquiry from the superintendent concerning agent education, when the person knows or should know that the document or record, or any part of the document or record, is false or deceptive."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	D(2)	Other - prohibits an action	"Obtaining, accepting or using any evidence of completion or participation from a provider when the person has not attended or completed the course or the number of hours identified on the certificate ."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	D(3)	Other - prohibits an action	"Cheating or using unauthorized materials or receiving unauthorized assistance during an examination ."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	D(4)	Other - prohibits an action	"Assisting another person in complying with the agent education requirements when the person knows or should know that the assistance is a violation of the agent education statutes and rules."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	D(5)	Other - prohibits an action	"Disruptive threatening or deceptive behavior during a course or examination shall be grounds for termination of participation and shall be grounds for the superintendent to refuse course completion credit or a passing grade of an examination for those individuals responsible for the disruptive, threatening or deceptive behavior."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	D(6)	Other - prohibits an action	"The use of any unauthorized telecommunication device, including by not limited to, cellular phones and "PDA's," examination notes and study guides, or conversations with unauthorized persons during an examination or authorized break from a state insurance licensure examination. The penalty for a single violation shall be grounds for the superintendent to refuse to issue any license as an insurance agent or assess a forfeiture of up to five hundred dollars."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	F	Shall Not	"If any paragraph, term, or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-06	D(1)	Shall	"Every continuing education provider shall pay the fee established in paragraph (D)(2) of this rule. The fee is due with the submission of the provider application."	R.C. 3901.041, 3901.043 and 3905.481 to 3905.486	Yes, state law	Yes, state law
3901-5-06	D(2)	Shall	"The applicant shall select one of the fee options listed below. If the status of the provider changes during the year and a different fee is due, the new fee will be in addition to the previous payments with no credit for the prior payments. "	R.C. 3901.041, 3901.043 and 3905.481 to 3905.486	Yes, state law	Yes, state law
3901-5-06	H	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041, 3901.043 and 3905.481 to 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	C(8)	Shall	""Registered student" means any person who has given an approved pre-license education provider a written intention and payment to take their program of insurance education. Only students who are taking a course for the purpose of complying with the pre-licensing education requirements shall be deemed enrolled for purposes of this rule. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	C(10)	Shall	"Self-study proctor" means a person who is an impartial and disinterested third party with no family or financial relationship to the student. The proctor shall verify the student's identity and complete an affidavit supplied by the approved provider certifying that the student received no outside assistance. Membership in a professional insurance association or organization does not constitute a financial relationship."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	D(1)	Shall	"Any person with a bachelor's or associate's degree in insurance, or a related degree with a concentration of insurance courses from an accredited institution shall be exempt from agent pre-licensing education requirements for all major lines of authority."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	D(2)(a)-(d)	Shall	"Any person with one or more of the following professional designations shall be exempt from agent pre-licensing education requirements for personal lines or for property and casualty lines of authority. (a)"Chartered Property and Casualty Underwriter" (CPCU); (b)"Accredited Advisor in Insurance" (AAI); (c) "Associate in Risk Management" (ARM); or (d) "Certified Insurance Counselor" (CIC)."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	D(3)(a)-(g)	Shall	"Any person with one or more of the following professional designations shall be exempt from agent pre-licensing education requirements for life lines of authority: (a) "Chartered Life Underwriter" (CLU); (b) "Certified Employee Benefit Specialist" (CEBS); (c) "Chartered Financial Consultant" (ChFC); (d) "Certified Insurance Counselor" (CIC); (e) "Certified Financial Planner" (CFP); (f) "Fellow of the Life Management Institute" (FLMI); or (g) "Life Underwriter Training Council Fellow" (LUTCF)."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	D(4)(a)-(d)	Shall	"Any person with one or more of the following professional designations shall be exempt from agent pre-licensing education requirements for accident and health line of authority: (a) "Registered Health Underwriter" (RHU); (b) "Certified Employee Benefit Specialist" (CEBS); (c) "Registered Employee Benefits Consultant" (REBC); or (d) "Health Insurance Associate" (HIA)."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	D(5)	Shall	"Any person requesting exemption of the pre-licensing education requirement under the exemptions in paragraph (D)(1), (D)(2), (D)(3) or (D)(4) of this rule shall provide verification of the degree in insurance or professional designation prior to registering for the examination in order to receive a pre-licensing education waiver from the superintendent."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	D(5)	Must	"Any person requesting exemption of the pre-licensing education requirement under the exemptions in paragraph (D)(1), (D)(2), (D)(3) or (D)(4) of this rule shall provide verification of the degree in insurance or professional designation prior to registering for the examination in order to receive a pre-licensing education waiver from the superintendent. A separate education waiver must be requested and obtained for each subject matter category. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	D(6)	Must	"An active military service member or veteran may submit any documentation, evidence, statement or endorsement that may be available or produced for the superintendent's consideration to demonstrate substantial equivalence of education and experience while serving in the armed forces to meet the requirements of licensure. A separate education waiver must be requested and obtained for each subject matter category."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	D(7)	Shall	"A pre-licensing education waiver issued using the exemptions in paragraph (D)(1), (D)(2), (D)(3) , (D)(4), or (D)(6) of this rule are valid for one hundred eighty days from the date the waiver was issued by the superintendent. An extension shall be granted if the applicant is actively deployed for military service."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	D(8)	Other - prohibits an action	"No person who has been issued a pre-licensing education waiver from the superintendent under the exemptions in paragraph (D)(1), (D)(2), (D)(3) , (D)(4), or (D)(6) of this rule may be issued more than one exemption for each major line of authority."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	D(9)	Shall	"Any person who has received an education waiver under the exemptions in paragraph (D)(1), (D)(2), (D)(3) , (D)(4), or (D)(6) of this rule and has not passed the corresponding examination prior to the expiration of the waiver shall complete any required education according to section 3905.04 of the Revised Code before the agent is eligible to sit for such examination. If an applicant is actively deployed for military service, an extension shall be granted and this will not apply."	R.C. 3901.041, 3905.486	Yes, state law	Yes, state law
3901-5-07	D(9)	Shall	"Any person who has received an education waiver under the exemptions in paragraph (D)(1), (D)(2), (D)(3) , (D)(4), or (D)(6) of this rule and has not passed the corresponding examination prior to the expiration of the waiver shall complete any required education according to section 3905.04 of the Revised Code before the agent is eligible to sit for such examination. If an applicant is actively deployed for military service, an extension shall be granted and this will not apply. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	D(10)	Other - prohibits an action	"No person who has surrendered an insurance license or who has had an insurance license suspended, inactivated, cancelled for non-renewal or revoked may use the exemptions in paragraph (D)(1), (D)(2), (D)(3) , (D)(4), or (D)(6) of this rule."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(1)	Shall	"An application for pre-licensing provider, course, and instructor approval shall be on forms prescribed by the superintendent. An application for provider approval must include an application for at least one course approval and, if offering classroom or self-study with prep instruction, at least one instructor application. Applications shall be completed by the authorized provider official."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(1)	Must	"An application for pre-licensing provider, course, and instructor approval shall be on forms prescribed by the superintendent. An application for provider approval must include an application for at least one course approval and, if offering classroom or self-study with prep instruction, at least one instructor application. Applications shall be completed by the authorized provider official."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(1)	Shall	"An application for pre-licensing provider, course, and instructor approval shall be on forms prescribed by the superintendent. An application for provider approval must include an application for at least one course approval and, if offering classroom or self-study with prep instruction, at least one instructor application. Applications shall be completed by the authorized provider official."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(1)(a)	Shall	"To be eligible to be the designated authorized provider official, a person shall be of good character and business repute and shall agree to be responsible for the provider's compliance with the laws and regulations relating to pre-licensing insurance education programs. A person who has had an insurance suspended, revoked or surrendered for cause in any state is not eligible to serve as an authorized provider official."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	E(1)(a)	Shall	"To be eligible to be the designated authorized provider official, a person shall be of good character and business repute and shall agree to be responsible for the provider's compliance with the laws and regulations relating to pre-licensing insurance education programs. A person who has had an insurance suspended, revoked or surrendered for cause in any state is not eligible to serve as an authorized provider official."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	(E)(1)(a)	Other - prohibits an action	(a) To be eligible to be the designated authorized provider official, a person shall be of good character and business repute and shall agree to be responsible for the provider's compliance with the laws and regulations relating to pre-licensing insurance education programs. A person who has had an insurance suspended, revoked or surrendered for cause in any state is not eligible to serve as an authorized provider official.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(1)(b)	Shall	"For the purposes of this rule, a course method type is defined as classroom, self-study or self-study with prep course. An application for pre-licensing course approval shall only include one course method type per course application. Multiple course applications will be required if more than one course method type is requested. A request for one or multiple subject matter categories as referenced in paragraph (C)(4) of this rule shall be requested on each pre-license course application. The appropriate fee shall be submitted for each subject matter category requested on the application."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(1)(b)	Shall	"For the purposes of this rule, a course method type is defined as classroom, self-study or self-study with prep course. An application for pre-licensing course approval shall only include one course method type per course application. Multiple course applications will be required if more than one course method type is requested. A request for one or multiple subject matter categories as referenced in paragraph (C)(4) of this rule shall be requested on each pre-license course application. The appropriate fee shall be submitted for each subject matter category requested on the application."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(1)(b)	Shall	"For the purposes of this rule, a course method type is defined as classroom, self-study or self-study with prep course. An application for pre-licensing course approval shall only include one course method type per course application. Multiple course applications will be required if more than one course method type is requested. A request for one or multiple subject matter categories as referenced in paragraph (C)(4) of this rule shall be requested on each pre-license course application. The appropriate fee shall be submitted for each subject matter category requested on the application."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(1)(c)	Must	"For the purposes of this rule, an instructor application must be submitted for each subject matter category as referenced in paragraph (C)(4) of this rule when a provider is requesting approval for any self-study with prep course or classroom method type."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	E(2)	Must	"If the applicant or provider submits an initial or renewal application that is incomplete or if the application lacks information deemed necessary by the superintendent, the application will be returned with a letter indicating areas which must be addressed before the review process will continue. If the superintendent does not receive the requested information by the requested response date, the filing will be considered abandoned. Initial and renewal application fees are non-refundable and non-transferable."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(2)(b)	Shall	"The initial approval of a provider, course or instructor shall be valid from the date of approval through the thirty-first day of December of the same year in which the approval was granted."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(2)(c)	Shall	"No person or organization shall offer any agent pre-licensing education until the superintendent issues a written approval for the program of insurance education."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(3)	Shall	"A provider shall submit any provider, course or instructor renewal applications annually no later than November thirtieth on forms prescribed by the superintendent. The superintendent shall have thirty days to review initial and renewal applications."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(3)	Shall	"A provider shall submit any provider, course or instructor renewal applications annually no later than November thirtieth on forms prescribed by the superintendent. The superintendent shall have thirty days to review initial and renewal applications. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(3)(c)	Must	"Any provider whose authority has expired must reapply as a new provider before offering or holding any courses."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	E(3)(d)	Shall	"No provider shall conduct pre-licensing education courses until the provider's renewal application, course applications and any necessary instructor applications have been approved by the superintendent and the provider has received a renewal approval letter from the superintendent."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(1)(a)	Shall	"The minimum number of registered students shall be two and the maximum number shall be fifty. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(1)(b)	Must	"All courses must be held for a minimum of twenty course hours and must begin and end as scheduled."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(1)(c)	Must	"Providers must monitor attendance at each course. An attendance record shall be kept for each course. The attendance record must contain the full name of the provider, subject matter category of the course, and beginning and ending date of the course. Each student shall sign the attendance form upon arrival and upon departure from each session of the course and shall note the time of arrival and departure."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(1)(c)	Shall	"Providers must monitor attendance at each course. An attendance record shall be kept for each course. The attendance record must contain the full name of the provider, subject matter category of the course, and beginning and ending date of the course. Each student shall sign the attendance form upon arrival and upon departure from each session of the course and shall note the time of arrival and departure."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	F(1)(c)	Must	"Providers must monitor attendance at each course. An attendance record shall be kept for each course. The attendance record must contain the full name of the provider, subject matter category of the course, and beginning and ending date of the course. Each student shall sign the attendance form upon arrival and upon departure from each session of the course and shall note the time of arrival and departure."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
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3901-5-07	F(1)(c)		"Providers must monitor attendance at each course. An attendance record shall be kept for each course. The attendance record must contain the full name of the provider, subject matter category of the course, and beginning and ending date of the course. Each student shall sign the attendance form upon arrival and upon departure from each session of the course and shall note the time of arrival and departure."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(1)(d)	Shall	"A course schedule shall be filed with the superintendent no later than ten days before a course is scheduled to begin. Multiple courses may be included on a schedule as long as the schedule is filed at least ten days before the earliest course listed is scheduled to begin. Written notice must be given to the superintendent immediately upon cancellation or any change to a scheduled course."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(1)(d)	Must	"A course schedule shall be filed with the superintendent no later than ten days before a course is scheduled to begin. Multiple courses may be included on a schedule as long as the schedule is filed at least ten days before the earliest course listed is scheduled to begin. Written notice must be given to the superintendent immediately upon cancellation or any change to a scheduled course."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(1)(e)	Shall	"A student's completion of a course shall be satisfied when the student has attended the minimum number of hours required pursuant to section 3905.04 of the Revised Code and has received instruction on the content outlines for the topics and subtopics listed in the most recent edition of the Ohio superintendent of insurance licensing information bulletin at the time the course was taken."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(1)(f)	Shall	"Upon conclusion of a classroom course, the authorized provider official shall submit to the superintendent, on a form prescribed by the superintendent, the names of each student who attended the course. The provider official shall identify the number of hours attended by each student and whether a course completion certificate was issued to the student."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(1)(f)	Shall	"Upon conclusion of a classroom course, the authorized provider official shall submit to the superintendent, on a form prescribed by the superintendent, the names of each student who attended the course. The provider official shall identify the number of hours attended by each student and whether a course completion certificate was issued to the student."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	F(2)(a)	Shall	"A student's completion of a self-study course shall be satisfied when the student has completed an equivalent to twenty course hours through self-study course instruction and has received a grade of seventy per cent or greater on a proctored final examination given by the approved pre-licensing provider."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(2)(b)	Shall	"A provider's self-study examination shall be administered only upon completion of a self-study course and shall be supervised by a self-study proctor authorized by the provider. The self-study proctor shall sign an affidavit provided by the approved provider stating that the proctor is qualified to proctor the examination and that the student completed the examination without assistance."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(2)(b)	Shall	"A provider's self-study examination shall be administered only upon completion of a self-study course and shall be supervised by a self-study proctor authorized by the provider. The self-study proctor shall sign an affidavit provided by the approved provider stating that the proctor is qualified to proctor the examination and that the student completed the examination without assistance."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(2)(b)	Shall	"A provider's self-study examination shall be administered only upon completion of a self-study course and shall be supervised by a self-study proctor authorized by the provider. The self-study proctor shall sign an affidavit provided by the approved provider stating that the proctor is qualified to proctor the examination and that the student completed the examination without assistance."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(2)(c)	Shall	"Each student shall sign an affidavit provided by the approved provider stating that the student completed the examination without assistance."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(2)(d)	Other - requires an action	(d) The following are minimum requirements for final examinations: (i) Multiple choice items must have a minimum of four options; (ii) Multiple choice items must have only one correct response; (iii) Multiple choice answers must be grammatically consistent and parallel in form to eliminate obviously wrong answers; (iv) No correct answer to one question shall provide a clue to the correct answer to any other questions in the chapter/section or examination; (v) Questions shall be clearly written; (vi) Questions shall adequately cover the course material; and (vii) Answers to the questions shall not be in a discernable pattern.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(2)(e)	Shall	"Upon the conclusion of a course, the authorized provider official shall submit to the superintendent, on a form prescribed by the superintendent, the names of each student who satisfactorily completed the self-study course."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(3)(a)	Shall	"A course schedule shall be filed with the superintendent not later than ten days before a prep course is scheduled to begin. Multiple prep courses may be included on a schedule as long as the schedule is filed at least ten days before the earliest prep course listed is schedule to begin. Written notice must be given to the superintendent immediately upon cancellation or any change to a scheduled prep course."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	F(3)(a)	Must	"A course schedule shall be filed with the superintendent not later than ten days before a prep course is scheduled to begin. Multiple prep courses may be included on a schedule as long as the schedule is filed at least ten days before the earliest prep course listed is schedule to begin. Written notice must be given to the superintendent immediately upon cancellation or any change to a scheduled prep course."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(3)(b)	Shall	"An attendance record shall be kept for each prep course. The attendance record must contain the full name of the provider, subject matter category of the course, and beginning and ending date of the prep course. Each student shall sign the attendance form upon arrival and upon departure from each session of the prep course and shall note the time of arrival and departure."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(3)(b)	Must	"An attendance record shall be kept for each prep course. The attendance record must contain the full name of the provider, subject matter category of the course, and beginning and ending date of the prep course. Each student shall sign the attendance form upon arrival and upon departure from each session of the prep course and shall note the time of arrival and departure."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(3)(b)	Shall	"An attendance record shall be kept for each prep course. The attendance record must contain the full name of the provider, subject matter category of the course, and beginning and ending date of the prep course. Each student shall sign the attendance form upon arrival and upon departure from each session of the prep course and shall note the time of arrival and departure."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(3)(c)	Shall	"A provider's self-study examination shall be administered only upon completion of a self-study prep course and shall be supervised by a self-study proctor authorized by the provider. The self-study proctor shall sign an affidavit provided by the approved provider stating that they are qualified to proctor the examination and that the student completed the examination without assistance."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(3)(c)	Shall	"A provider's self-study examination shall be administered only upon completion of a self-study prep course and shall be supervised by a self-study proctor authorized by the provider. The self-study proctor shall sign an affidavit provided by the approved provider stating that they are qualified to proctor the examination and that the student completed the examination without assistance. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(3)(d)	Shall	"Each student shall sign an affidavit provided by the approved provider stating that the student competed the examination without assistance."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	F(3)(e)	Must	(e) The following are minimum requirements for final examinations: (i) Multiple choice items must have a minimum of four options; (ii) Multiple choice items must have only one correct response; (iii) Multiple choice answers must be grammatically consistent and parallel in form to eliminate obviously wrong answers; (iv) No correct answer to one question shall provide a clue to the correct answer to any other questions in the chapter/section or examination; (v) Questions shall be clearly written; (vi) Questions shall adequately cover the course material; and (vii) Answers to the questions shall not be in a discernable pattern.	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(3)(f)	Shall	"A student's completion of a self-study with prep course shall be satisfied when the student has completed an equivalent to a twenty course hours through a combination of self-study and classroom instruction and has received a grade of seventy per cent or greater on a proctored final examination given by the approved pre-licensing provider."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	F(3)(g)	Shall	"Upon the conclusion of a self-study with prep course, the authorized provider official shall submit to the superintendent, on a form prescribed by the superintendent, the names of each student who satisfactorily completed the course."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	G(1)	Must	"No person may teach or hold himself out as qualified to teach pre-licensing education courses except as an approved instructor for an approved provider. All instructors for agent pre-licensing insurance education programs must meet the following criteria: The individual must be or good character and business repute and has never had a professional license or registration revoked, suspended or surrendered for cause in any state."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	G(2)(a)	Must	"The provider must demonstrate that an individual applying to instruct property and casualty insurance courses or personal lines insurance courses has met at least one of the following criteria: (a) Received a bachelor's or associate's degree in insurance from an accredited institution; (b) Holds a current and valid designation of "Chartered Property and Casualty Underwriter" (CPCU); (c) Has worked continuously in the property and casualty insurance industry for the preceding three years and currently has one of the following professional designations: (i) "Accredited Advisor in Insurance" (AAI); (ii) "Associate in Risk Management" (ARM); (iii) "Certified Insurance Counselor" (CIC); or (d) Has worked continuously in the property and casualty insurance industry for the preceding five years."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	G(2)(b)	Must	"The provider must demonstrate that an individual applying to instruct property and casualty insurance courses or personal lines insurance courses has met at least one of the following criteria: (a) Received a bachelor's or associate's degree in insurance from an accredited institution; (b) Holds a current and valid designation of "Chartered Property and Casualty Underwriter" (CPCU); (c) Has worked continuously in the property and casualty insurance industry for the preceding three years and currently has one of the following professional designations: (i) "Accredited Advisor in Insurance" (AAI); (ii) "Associate in Risk Management" (ARM); (iii) "Certified Insurance Counselor" (CIC); or (d) Has worked continuously in the property and casualty insurance industry for the preceding five years."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	G(2)(c)	Must	(2) The provider must demonstrate that an individual applying to instruct property and casualty insurance courses or personal lines insurance courses has met at least one of the following criteria: (c) Has worked continuously in the property and casualty insurance industry for the preceding three years and currently has one of the following professional designations: (i) "Accredited Advisor in Insurance" (AAI); (ii) "Associate in Risk Management" (ARM); (iii) "Certified Insurance Counselor" (CIC); or	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	G(2)(d)	Must	"The provider must demonstrate that an individual applying to instruct property and casualty insurance courses or personal lines insurance courses has met at least one of the following criteria: (a) Received a bachelor's or associate's degree in insurance from an accredited institution; (b) Holds a current and valid designation of "Chartered Property and Casualty Underwriter" (CPCU); (c) Has worked continuously in the property and casualty insurance industry for the preceding three years and currently has one of the following professional designations: (i) "Accredited Advisor in Insurance" (AAI); (ii) "Associate in Risk Management" (ARM); (iii) "Certified Insurance Counselor" (CIC); or (d) Has worked continuously in the property and casualty insurance industry for the preceding five years."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	G(3)(a)	Must	"The provider must demonstrate that an individual applying to instruct life insurance courses has met at least one of the following criteria: (a) Received a bachelor's or associate's degree in insurance from an accredited institution; (b) Holds a current and valid designation of "Chartered Life Underwriter" (CLU); (c) Has worked continuously in the life insurance industry for the preceding three years and currently holds one of the following designations; (i) "Chartered Financial Consultant" (ChFC); (ii) "Fellow of the Life Management Institute" (FLMI); (iii) "Life Underwriter Training Council Fellow" (LUTCF); (iv) "Certified Insurance Counselor" (CIC); (v) "Certified Financial Planner" (CFP); or (d) Has worked continuously in the life insurance industry for the preceding five years."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	G(3)(b)	Must	"The provider must demonstrate that an individual applying to instruct life insurance courses has met at least one of the following criteria: (a) Received a bachelor's or associate's degree in insurance from an accredited institution; (b) Holds a current and valid designation of "Chartered Life Underwriter" (CLU); (c) Has worked continuously in the life insurance industry for the preceding three years and currently holds one of the following designations; (i) "Chartered Financial Consultant" (ChFC); (ii) "Fellow of the Life Management Institute" (FLMI); (iii) "Life Underwriter Training Council Fellow" (LUTCF); (iv) "Certified Insurance Counselor" (CIC); (v) "Certified Financial Planner" (CFP); or (d) Has worked continuously in the life insurance industry for the preceding five years."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	G(3)(c)	Must	"The provider must demonstrate that an individual applyin to instruct life insurance courses has met at least one of the following criteria: (c) Has worked continuously in the life insurance industry for the preceding three years and currently holds one of the following designations; (i) "Chartered Financial Consultant" (ChFC); (ii) "Fellow of the Life Management Institute" (FLMI); (iii) "Life Underwriter Training Council Fellow" (LUTCF); (iv) "Certified Insurance Counselor" (CIC); (v) "Certified Financial Planner" (CFP); or	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	G(3)(d)	Must	"The provider must demonstrate that an individual applying to instruct life insurance courses has met at least one of the following criteria: (a) Received a bachelor's or associate's degree in insurance from an accredited institution; (b) Holds a current and valid designation of "Chartered Life Underwriter" (CLU); (c) Has worked continuously in the life insurance industry for the preceding three years and currently holds one of the following designations; (i) "Chartered Financial Consultant" (ChFC); (ii) "Fellow of the Life Management Institute" (FLMI); (iii) "Life Underwriter Training Council Fellow" (LUTCF); (iv) "Certified Insurance Counselor" (CIC); (v) "Certified Financial Planner" (CFP); or (d) Has worked continuously in the life insurance industry for the preceding five years."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	G(4)(a)	Must	"The provider must demonstrate that an individual applying to instruct accident and health insurance courses has met at least one of the following criteria: (a) Received a bachelor's or associate's degree in insurance from an accredited institution; (b) Has worked continuously in the accident and health insurance industry for the preceding three years and holds one of the following designations: (i) "Registered Health Underwriter" (RHC); (ii) "Certified Employee Benefit Specialist" (CEBS); (iii) "Registered Employee Benefits Consultant" (REBC); (iv) "Health Insurance Associate" (HIA); or (c) Has worked continuously in the accident and health insurance industry for the preceding five years."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	G(4)(b)	Must	"The provider must demonstrate that an individual applying to instruct accident and health insurance courses has met at least one of the following criteria: (a) Received a bachelor's or associate's degree in insurance from an accredited institution; (b) Has worked continuously in the accident and health insurance industry for the preceding three years and holds one of the following designations: (i) "Registered Health Underwriter" (RHC); (ii) "Certified Employee Benefit Specialist" (CEBS); (iii) "Registered Employee Benefits Consultant" (REBC); (iv) "Health Insurance Associate" (HIA); or (c) Has worked continuously in the accident and health insurance industry for the preceding five years."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	G(4)(c)	Must	"The provider must demonstrate that an individual applying to instruct accident and health insurance courses has met at least one of the following criteria: (a) Received a bachelor's or associate's degree in insurance from an accredited institution; (b) Has worked continuously in the accident and health insurance industry for the preceding three years and holds one of the following designations: (i) "Registered Health Underwriter" (RHC); (ii) "Certified Employee Benefit Specialist" (CEBS); (iii) "Registered Employee Benefits Consultant" (REBC); (iv) "Health Insurance Associate" (HIA); or (c) Has worked continuously in the accident and health insurance industry for the preceding five years."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	G(5)(a)	Must	"The provider must demonstrate that an individual applying to instruct surety bail bond insurance courses has met at least one of the following criteria: (a) Received a bachelor's or associate's degree in insurance from an accredited institution; (b) Has been licensed as a surety bail bond agent continuously for the preceding four years; or (c) Has worked in the surety bail bond industry continuously for the preceding five years."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	G(5)(b)	Must	"The provider must demonstrate that an individual applying to instruct surety bail bond insurance courses has met at least one of the following criteria: (a) Received a bachelor's or associate's degree in insurance from an accredited institution; (b) Has been licensed as a surety bail bond agent continuously for the preceding four years; or (c) Has worked in the surety bail bond industry continuously for the preceding five years."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	G(5)(c)	Must	"The provider must demonstrate that an individual applying to instruct surety bail bond insurance courses has met at least one of the following criteria: (a) Received a bachelor's or associate's degree in insurance from an accredited institution; (b) Has been licensed as a surety bail bond agent continuously for the preceding four years; or (c) Has worked in the surety bail bond industry continuously for the preceding five years."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(1)	Shall	"Course instruction shall be based on the content outlines for the topics and subtopics listed in the most recent edition of the Ohio superintendent of insurance licensing information bulletin or any supplements at the time the course was held."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	H(2)	Shall	"A provider shall provide each registered student with the following information and documentation prior to course attendance: (a) The most recent edition of the Ohio superintendent of insurance licensing information bulletin, and any supplements; (b) Course method and subject matter category the student is registered to take; (c) Location of the course or examination and any relevant information pertaining to the date and time of the course or examination as well as the name of any scheduled instructors; (d) For courses that have a classroom component, each student shall receive the name, author, and edition of all textbooks used; (e) For self-study courses, each student shall receive information as to what date the study material was purchased and the provider's exam delivery method; (f) Any fees charged by the provider and an explanation of what those fees cover; (g) The provider's refund policy; and (h) Written receipt of payment for the course."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(3)	Must	"A provider must obtain written verification from each registered student that they have received and understand the information required pursuant to paragraph (H)(2) of this rule."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(4)	Other - prohibits an action	"A provider cannot advertise, offer, or conduct courses in a method or subject matter category for which the provider has not received written approval from the superintendent."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(5)	Shall	"The authorized provider official shall notify the superintendent, in writing, of any change to the provider application or renewal application, including but not limited to, the identity of the authorized provider official or authorized provider personnel, provider address, provider telephone number, provider name, or changes in the ownership or control of the provider. The notification shall be made within fifteen days of the effective date of the change. Any change to instructor qualifications, the types of course subject matter categories or course methods to be offered and require approval in accordance with paragraph (E)(2) of this rule."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(5)	Shall	"The authorized provider official shall notify the superintendent, in writing, of any change to the provider application or renewal application, including but not limited to, the identity of the authorized provider official or authorized provider personnel, provider address, provider telephone number, provider name, or changes in the ownership or control of the provider. The notification shall be made within fifteen days of the effective date of the change. Any change to instructor qualifications, the types of course subject matter categories or course methods to be offered and require approval in accordance with paragraph (E)(2) of this rule."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	H(5)	Require	"The authorized provider official shall notify the superintendent, in writing, of any change to the provider application or renewal application, including but not limited to, the identity of the authorized provider official or authorized provider personnel, provider address, provider telephone number, provider name, or changes in the ownership or control of the provider. The notification shall be made within fifteen days of the effective date of the change. Any change to instructor qualifications, the types of course subject matter categories or course methods to be offered and require approval in accordance with paragraph (E)(2) of this rule. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(6)	Must	"Instructors must be qualified in accordance with paragraph (F) of this rule and may instruct only those subject matter categories of insurance for which they are approved and for which the provider is approved. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(7)	Must	"A course must be in session on the date(s) scheduled, during the specified hours and at the designated location unless cancelled or notification of any change is provided to the superintendent. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(8)	Must	"If a course is cancelled, or if a student cancels in advance of the date of the course, the provider must refund all fees in full within forty-five days of the cancellation unless a different refund policy has been provided to the student."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(9)	Must	"A provider must issue written notification to all individuals who are scheduled to attend a course of any change in the course location, date, time, or refund policy prior to the course offering or examination. If a course is postponed to a later date or moved to a location that is different and is more than ten miles from the original course location, the provider must offer each student who is scheduled to attend the class or take the provider's self-study examination the option of a full refund in lieu of attending the class or taking the examination."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(9)	Must	"A provider must issue written notification to all individuals who are scheduled to attend a course of any change in the course location, date, time, or refund policy prior to the course offering or examination. If a course is postponed to a later date or moved to a location that is different and is more than ten miles from the original course location, the provider must offer each student who is scheduled to attend the class or take the provider's self-study examination the option of a full refund in lieu of attending the class or taking the examination. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(10)	Must	"A provider must comply with the Equal Employment Opportunity Act and the Americans with Disabilities Act."	R.C. 3901.041, 3905.486	Yes, federal law	Yes, federal law
3901-5-07	H(11)	Must	"Facilities must be large enough to comfortably accommodate all attendees and instructors and must be conducive to the education process."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(12)	Must	"The authorized provider official must supply and maintain an accurate email address which will be used as the primary source of communication with the provider."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(13)	Shall	"Providers shall submit all applications, schedules and rosters electronically, using a system prescribed by the superintendent, unless the superintendent has authorized other submission methods."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	H(14)	Shall Not	"A provider shall not offer any guarantee or represent that there is any guarantee that a student will pass any required examination offered by the provider. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(15)	Shall Not	"A provider shall not offer any guarantee to a student that the completion of their program of insurance education guarantees the student will pass the state insurance license examination."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(16)	Shall Not	"Providers shall not permit any of their instructors to take a state insurance license examination for any license type or line of authority if the instructor holds an active license for that license type or line of authority."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	H(17)	Shall Not	"In advertising or promoting itself or any of its courses, a provider shall not make any representation or statement, or cause or permit another to make any representation or statement which is false, deceptive or misleading."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	I(1)	Shall	"The authorized provider official shall provide a completed certificate of pre-licensing course completion form to each student that certifies that the student completed the course. A provider shall issue a certificate of course completion only after a student has met the minimum completion requirements pursuant to paragraph (F)(1)(e), (F)(2)(a), or (F)(3)(f) of this rule. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	I(1)	Shall	"The authorized provider official shall provide a completed certificate of pre-licensing course completion form to each student that certifies that the student completed the course. A provider shall issue a certificate of course completion only after a student has met the minimum completion requirements pursuant to paragraph (F)(1)(e), (F)(2)(a), or (F)(3)(f) of this rule. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	I(2)	Shall	"The certificate shall be on a form prescribed by the superintendent and shall be provided to each student within three days after the student completes the course. The certificate shall not be valid unless it contains the original signatures of the instructor or authorized provider personnel and the student. The back of the certificate shall contain an evaluation form for the student to complete."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	I(2)	Shall Not	"The certificate shall be on a form prescribed by the superintendent and shall be provided to each student within three days after the student completes the course. The certificate shall not be valid unless it contains the original signatures of the instructor or authorized provider personnel and the student. The back of the certificate shall contain an evaluation form for the student to complete."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	I(2)	Shall	"The certificate shall be on a form prescribed by the superintendent and shall be provided to each student within three days after the student completes the course. The certificate shall not be valid unless it contains the original signatures of the instructor or authorized provider personnel and the student. The back of the certificate shall contain an evaluation form for the student to complete."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	I(4)	Must	"At the time a student registers with the testing service designated by the superintendent, the student must provide the provider's identification number as it appears on the certificate of pre-licensing course completion. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	I(5)	Shall Not	"A student shall not be permitted to sit for a licensing examination unless the student has an original and valid certificate of pre-licensing course completion form or a notice of pre-license education waiver from the superintendent."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority

3901-5-07	I(6)	Shall	"The student shall submit two forms of identification, to the examination monitor, one of which shall be a photo identification."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	J(1)	Shall	"A provider shall maintain proof that each registered student received all documents required pursuant to paragraph (H)(3) of this rule for four years after completion of a course. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	J(2)	Shall	"A provider shall keep copies of all certificates of course completion for four years after completion of a course. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	J(3)	Shall	"A provider shall keep a copy of all proctored self-study exams for four years after completion of a course."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	J(4)	Shall	"A provider shall keep a copy of the affidavits signed by the self-study proctors and students for four years after the completion of a course."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	J(5)	Shall	"A provider shall keep a copy of the rosters submitted to the superintendent for four years after completion of a course. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	J(6)	Shall	"A provider shall keep copies of all other records required by this rule for a minimum of four years. "	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	J(7)	Shall	"A provider's records are subject to inspection and audit by the superintendent at any time without prior notice."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-07	K	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041, 3905.486	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	C(1)	Shall	"Insurer" and "insurance company" shall have the same meaning in this rule as "insurer" does in section 3901.32 of the Revised Code.	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	Yes, state law	Yes, state law
3901-5-09	D(1)	Must	"An applicant must comply with the requirements contained in sections 3905.05 and 3905.06 of the Revised Code for the appropriate line of authority."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	Yes, state law	Yes, state law
3901-5-09	D(2)	Shall	(2) An individual applying for a resident insurance agent license shall do all of the following: (a) The applicant shall complete any pertinent pre-licensing education for the lines of authority listed below unless the applicant is exempt pursuant to paragraph (D) of rule 3901-5-07 of the Administrative Code: (i) Life: twenty hours; (ii) Accident and health: twenty hours; (iii) Property: twenty hours; (iv) Casualty: twenty hours; (v) Personal lines: twenty hours; (vi) Surety bail bonds: twenty hours; (b) Pass any required licensing examination as set forth in division (B) of section 3905.04 of the Revised Code; (c) Request a criminal records check as set forth in section 3905.051 of the Revised Code; (d) Submit a completed producer application form; (e) Pay any required fees.	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	D(3)	May Not	"A completed application may not be submitted until the applicant has passed any required licensing examination, but must be submitted within one hundred eighty calendar days of the applicant's passing that examination. An extension shall be granted if the applicant is deployed for active military service."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-09	D(3)	Shall	"A completed application may not be submitted until the applicant has passed any required licensing examination, but must be submitted within one hundred eighty calendar days of the applicant's passing that examination. An extension shall be granted if the applicant is deployed for active military service. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	D(4)	Shall	"The superintendent shall request information at the time of application to identify if applicant is an active military member or veteran, spouse of an active military member or veteran or the surviving spouse. Any active military, veteran, spouse or surviving spouse applications not submitted and automatically approved through the electronic application system shall receive expedited service to the extent all requirements for licensure are met."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	D(4)	Shall	"The superintendent shall request information at the time of application to identify if applicant is an active military member or veteran, spouse of an active military member or veteran or the surviving spouse. Any active military, veteran, spouse or surviving spouse applications not submitted and automatically approved through the electronic application system shall receive expedited service to the extent all requirements for licensure are met. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	D(5)	Other - prohibits an action	"An applicant is not eligible for a license until the superintendent or the superintendent's designee, as determined by the superintendent, receives a completed application including the completed application form, the criminal records check, any other information required by the superintendent and any required fees. An incomplete application cannot be processed by the superintendent and may be returned to the applicant. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	D(6)	Shall	"A license shall be deemed issued on the date the application is approved by the superintendent. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	D(7)	Shall	"A license shall be issued in the legal name of the applicant."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	D(8)	Shall	"If an agent has active appointments at the time the agent's licenses are inactivated by agent request, canceled, non-renewed, suspended, revoked or surrendered, the superintendent shall notify the appointing companies of the inactivation, cancellation, non-renewal, suspension, revocation or surrender. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	D(9)	Must	"An agent must report to the superintendent all demographic changes (i.e. name, resident address, business address, mailing address, email address, etc.) within thirty days of the change."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	E(1)(a)	Shall	(E) Nonresident individual agent licensing (1) An individual applying for a nonresident insurance agent license shall do all of the following: (a) Complete the uniform application; (b) Comply with the requirements set forth in section 3905.07 of the Revised Code; and (c) Pay any required fees.	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	E(2)	Shall	"Upon satisfying the requirements of this rule, a nonresident agent license shall be issued to the applicant granting the applicant the same scope of authority as the applicant has under the license issued by the applicant's home state. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-09	E(3)	Must	"If the applicant's home state does not issue nonresident insurance agent licenses to residents of this state, then the applicant must complete any licensing requirements that are imposed upon residents of this state. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	E(4)	Shall	"A nonresident license shall be deemed issued on the date and the application is approved by the superintendent. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	E(5)	Shall	"A license shall be issued in the legal name of the applicant. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	E(6)	Must	"A nonresident agent who applies for a line of authority for which he is not licensed in his home state must fulfill the requirements for an Ohio resident agent license for that type of authority. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	E(7)	Must	"An agent must report to the superintendent all demographic changes (i.e. name, resident address, business address, mailing address, email address, etc.) within thirty days of the change."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	E(8)	Must	"A nonresident must maintain an active resident license in another state in order to maintain the nonresident Ohio license. Failure to maintain an active resident license is grounds for the revocation of an Ohio non-resident license. It is the agent's responsibility to notify the superintendent of a change in the agent's resident license state."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	F(1)	Other - requires an action	(F) Limited lines licenses (1) A person may obtain a limited lines license for one or more of the lines of insurance specified in paragraph (F)(2) of this rule so long as the following conditions are met: (a) Submitted a completed producer application form or other form and means prescribed by the superintendent; (b) Pay any required fees; (c) The applicant is of good reputation and character, is honest and trustworthy, and is otherwise suitable to be licensed; and (d) Resident applicants must comply with the requirements set forth in sections 3905.05 and 3905.06 of the Revised Code. Nonresident applicants must comply with the requirements contained in section 3905.07 of the Revised Code.	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	F(4)	Other - prohibits an action	"Limited lines licenses are subject to section 3905.14 of the Revised Code and all other requirements for agents, except as provided in this rule. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	Yes, state law	Yes, state law
3901-5-09	F(5)	Shall	"A license shall be deemed issued on the date the application is approved by the superintendent."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	F(6)	Shall	"A license shall be issued in the legal name of the applicant."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	F(7)	Shall	"Upon satisfying the requirements of this rule, a nonresident limited line agent license shall be issued to the applicant granting the applicant the same scope of authority as the applicant has under the license issued by the applicant's home state. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	F(8)	Must	"If the applicant's home state does not issue nonresident limited line insurance agent licenses to residents of this state, then the applicant must complete any licensing requirements that are imposed upon residents of this state."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	F(9)	Must	"A nonresident agent who applies for a line of authority for which the agent is not licensed in the home state must fulfill the requirements for an Ohio resident agent license for that type of authority. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-09	F(10)	Must	"A nonresident must maintain an active resident limited line license in another state in order to maintain his nonresident Ohio license. Failure to maintain an active resident license is grounds for the revocation of an Ohio nonresident license. It is the agent's responsibility to notify the superintendent of a change to the agent's resident license state."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	F(11)	May Not	"The holder of a limited lines license may not sell, solicit, or negotiate insurance on behalf of any insurer unless appointed to represent that insurer. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	F(12)	Shall	"If an agent has active appointments at the time the agent's licenses are inactivated by agent request, canceled, non-renewed, suspended, revoked or surrendered, the superintendent shall notify the appointing companies of the inactivation, cancellation, non-renewal, suspension, revocation or surrender. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	F(13)	Must	"An agent must report to the superintendent all demographic changes (i.e. name, resident address, business address, mailing address, email address, etc.) within thirty days of the change. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	G(1)	Shall	"Persons who market goods and services associated with the issuance of title insurance shall obtain a limited lines license as a title insurance marketing representative. A title insurance marketing representative shall be appointed by a licensed title agent. A title insurance marketing representative may solicit and perform marketing services only on behalf of the appointing agent. A title insurance marketing representative who holds a limited lines license may not do any of the following: (a) Quote filed title insurance rates or premiums; (b) Discuss insurance coverages, benefits or limits except that the marketing representative may, in general terms, explain the basic differences between an owner's policy and a lender's policy; (c) Make recommendations, provide advice about, or negotiate title insurance; (d) Execute or issue a title insurance policy, binder or commitment; (e) Determine insurability; (f) Holds oneself out as a representative of a title insurance company."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	G(1)	Shall	"Persons who market goods and services associated with the issuance of title insurance shall obtain a limited lines license as a title insurance marketing representative. A title insurance marketing representative shall be appointed by a licensed title agent. A title insurance marketing representative may solicit and perform marketing services only on behalf of the appointing agent. A title insurance marketing representative who holds a limited lines license may not do any of the following: (a) Quote filed title insurance rates or premiums; (b) Discuss insurance coverages, benefits or limits except that the marketing representative may, in general terms, explain the basic differences between an owner's policy and a lender's policy; (c) Make recommendations, provide advice about, or negotiate title insurance; (d) Execute or issue a title insurance policy, binder or commitment; (e) Determine insurability; (f) Holds oneself out as a representative of a title insurance company."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-09	(G)(1)	Other - prohibits an action	"Persons who market goods and services associated with the issuance of title insurance shall obtain a limited lines license as a title insurance marketing representative. A title insurance marketing representative shall be appointed by a licensed title agent. A title insurance marketing representative may solicit and perform marketing services only on behalf of the appointing agent. A title insurance marketing representative who holds a limited lines license may not do any of the following: (a) Quote filed title insurance rates or premiums; (b) Discuss insurance coverages, benefits or limits except that the marketing representative may, in general terms, explain the basic differences between an owner's policy and a lender's policy; (c) Make recommendations, provide advice about, or negotiate title insurance; (d) Execute or issue a title insurance policy, binder or commitment; (e) Determine insurability; (f) Holds oneself out as a representative of a title insurance company."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	G(1)	May Not	"Persons who market goods and services associated with the issuance of title insurance shall obtain a limited lines license as a title insurance marketing representative. A title insurance marketing representative shall be appointed by a licensed title agent. A title insurance marketing representative may solicit and perform marketing services only on behalf of the appointing agent. A title insurance marketing representative who holds a limited lines license may not do any of the following: (a) Quote filed title insurance rates or premiums; (b) Discuss insurance coverages, benefits or limits except that the marketing representative may, in general terms, explain the basic differences between an owner's policy and a lender's policy; (c) Make recommendations, provide advice about, or negotiate title insurance; (d) Execute or issue a title insurance policy, binder or commitment; (e) Determine insurability; (f) Holds oneself out as a representative of a title insurance company."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	G(2)	Shall	"A title agent who appoints a title insurance marketing representative shall be responsible for the acts and omissions of the title insurance marketing representative. Violations of the insurance laws in Title 39 of the Revised Code that are committed by a title insurance marketing representative will be attributed to the appointing title agent as well as to the marketing representative and will subject the appointing licensed title agent to a civil forfeiture in an amount not to exceed ten thousand dollars for each violation, unless the violation is reported by the title agent to the superintendent promptly upon discovery and the title agent takes appropriate remedial action. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	(G)(3)	Must	(3) Any written materials used or distributed by a title insurance marketing representative must be pre-approved by the licensed title agent that appointed the title insurance marketing representative.	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	G(5)	Shall	"No person who is prohibited under division (B) of section 3953.21 of the Revised Code from acting as an agent for a title insurance company shall be licensed as a title insurance marketing representative. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	Yes, state law	Yes, state law
3901-5-09	G(7)	Other - prohibits an action	"A title marketing representative may be appointed by only one title agent at any given time. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-09	H(2)	Shall	"A resident business entity agent license shall be deemed issued on the date and the application is approved by the superintendent."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	H(3)	Must	"A resident business entity agent must maintain at least one designated licensed individual insurance agent who will be responsible for the business entity's compliance with the insurance law of this state. Failure to maintain a licensed agent is grounds for revocation of the business entity's license. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	H(4)	Shall	"If the resident business entity ceases to exist as a corporate or other legal entity, its agent license shall be subject to revocation. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	H(5)	Must	"A business entity agent must report any change in its name, address, email address, licensed agents, officers, directors, and members or owners with ten per cent or more voting interest in the licensed entity to the superintendent within thirty days of such change. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	H(6)	Must	"In addition to the requirements in paragraph (H)(5) of this rule, a business entity title agent must notify the superintendent of any change in its ownership or in the ownership of any business entity holding an ownership interest in the business entity title agent within thirty days and must include an organizational chart that shows all owners and their percentages of ownership of both the business entity title agent and business entities having ownership interests. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	H(7)	Must	"A resident business entity applicant must apply for licensure under the legal name of the applicant as registered with the Ohio secretary of state. The superintendent may deny the use of a name that is too similar to a name already in use by another business entity or a name that may be misleading to the public. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	I(2)	Shall	"Upon satisfying the requirements of this rule, a nonresident business entity license shall be issued to the applicant granting the applicant the same scope of authority as the applicant has under the license issued by the applicant's home state. "	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	I(3)	Shall	"A nonresident business entity agent license shall be deemed issued on the date and the application is approved by the superintendent."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	I(4)	Must	"A nonresident business entity agent must maintain at least one individual insurance agent licensed in Ohio who will be responsible for the business entity's compliance with the insurance laws of this state. Failure to maintain an Ohio licensed agent is grounds for revocation of the business entity's license."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	I(6)	Must	"A business entity agent must report any change in its name, address, email address, licensed agents, officers, directors, and members or owners with ten per cent or more voting interest in the licensed entity to the superintendent within thirty days of such change."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	I(7)	Must	"A business entity title agent must notify the superintendent of any change in its ownership or in the ownership of any business entity holding an ownership interest in the business entity title agent within thirty days and must include an organizational chart that shows all owners and their percentage of ownership of both the business entity title agent and business entities having ownership interests."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-09	I(8)	Must	"A nonresident business entity applicant must apply for licensure under the legal name of the applicant. The superintendent may deny the use of a name that is too similar to a name already in use by another business entity or a name that may be misleading to the public."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	J(1)	Shall	(J) License renewal (1) An agent who wishes to renew their insurance agent license shall do all of the following: (a) Complete a renewal application; (b) Comply with the renewal requirements set forth in section 3905.06, 3905.07 or 3905.85 of the Revised Code; (c) Complete any CE credit requirement prior to submitting a license renewal application: (i) Resident individual agents who hold a major line of authority license have a CE credit requirement of twenty-four credits (three of which must be approved as ethics credits). (ii) Resident individual title agents have a CE credit requirement of twelve credits (ten of which must be approved as title credits and two of which must be approved as ethics credits). (iii) Resident individual surety bail bond agents have a CE credit requirement of seven credits (six of which must be approved as surety bail bond credits and one of which must be approved as ethics credits). Surety bail bond agents shall be exempt from completing surety bail bond CE requirements for their first renewal cycle if the agent was initially issued a surety bail bond license in January or February of the same calendar year of their first renewal cycle. (d) Pay any required fees; (i) License renewal fee as set forth in section 3905.40 or 3905.85 of the Revised Code; (ii) In addition to the license renewal fee, the fee for filing a renewal application during the late renewal period is fifty dollars; or (iii) In addition to the license renewal fee, the fee for filing a	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	J(2)	Shall	"Individual resident and non-resident insurance agent licenses with a limited line of authority, major line of authority or title shall renew their license by the last day of their birth month. No transition period from date of initial licensure to the date of the first license expiration shall be less than eighteen months or more than twenty-nine months."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	J(3)	Shall	"On-going license expiration dates after the initial license renewal for individual resident and non-resident insurance agent licenses with a limited line of authority, major line of authority or title shall be the last day of the agent's birth month every two years thereafter."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	J(4)	Shall	"Non-resident business entities shall renew by the last day of September in odd numbered years. On-going renewal dates shall be the last day of September every odd numbered year thereafter."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	J(5)	Shall	"Resident business entities shall renew by the last day of September in even numbered years. On-going renewal dates shall be the last day of September every even numbered year thereafter."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	J(6)	Shall	"All surety bail bond agents shall renew their surety bail bond license by the last day of February each year."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-09	K(1)	Shall	"Within thirty days after the date the agency contract is executed or the first insurance application is submitted, each insurer shall file a notice of appointment with the superintendent regarding all agents who were newly appointed to represent the insurer. Additionally, within thirty days of a termination, each insurer shall notify the superintendent of any agents whose appointments were terminated by the insurer. The insurer shall specify the effective date of appointment or termination for each agent. The insurer shall identify each agent by the full name that appears on the agent's insurance license, national producer number or other such identification number as requested by the superintendent, and such other information as the superintendent may require."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	K(1)	Shall	"Within thirty days after the date the agency contract is executed or the first insurance application is submitted, each insurer shall file a notice of appointment with the superintendent regarding all agents who were newly appointed to represent the insurer. Additionally, within thirty days of a termination, each insurer shall notify the superintendent of any agents whose appointments were terminated by the insurer. The insurer shall specify the effective date of appointment or termination for each agent. The insurer shall identify each agent by the full name that appears on the agent's insurance license, national producer number or other such identification number as requested by the superintendent, and such other information as the superintendent may require."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	K(1)	Shall	"Within thirty days after the date the agency contract is executed or the first insurance application is submitted, each insurer shall file a notice of appointment with the superintendent regarding all agents who were newly appointed to represent the insurer. Additionally, within thirty days of a termination, each insurer shall notify the superintendent of any agents whose appointments were terminated by the insurer. The insurer shall specify the effective date of appointment or termination for each agent. The insurer shall identify each agent by the full name that appears on the agent's insurance license, national producer number or other such identification number as requested by the superintendent, and such other information as the superintendent may require."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	K(1)	Shall	"Within thirty days after the date the agency contract is executed or the first insurance application is submitted, each insurer shall file a notice of appointment with the superintendent regarding all agents who were newly appointed to represent the insurer. Additionally, within thirty days of a termination, each insurer shall notify the superintendent of any agents whose appointments were terminated by the insurer. The insurer shall specify the effective date of appointment or termination for each agent. The insurer shall identify each agent by the full name that appears on the agent's insurance license, national producer number or other such identification number as requested by the superintendent, and such other information as the superintendent may require."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	K(2)	Must	"All individual and business entity agent appointments and terminations must be submitted to the superintendent electronically."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-09	K(2)(b)	Must	"Any insurer that annually appoints and/or terminates more than twenty-five agents but that is unable to process electronic appointments and terminations must provide adequate documentation explaining its inability to comply."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	K(4)	Shall	"No appointment shall be effective unless the appointee is licensed for that line of authority."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	K(6)	Shall	"If the termination of an appointment is for any of the reasons set forth in division (B) of section 3905.14 of the Revised Code, the insurer shall provide a detailed statement of the facts and the reasons for the termination to the superintendent within thirty days of the effective date of the termination. Insurers who provide such statements shall be immune from liability to the extent provided in section 3905.211 of the Revised Code."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	Yes, state law	Yes, state law
3901-5-09	K(6)	Shall	"If the termination of an appointment is for any of the reasons set forth in division (B) of section 3905.14 of the Revised Code, the insurer shall provide a detailed statement of the facts and the reasons for the termination to the superintendent within thirty days of the effective date of the termination. Insurers who provide such statements shall be immune from liability to the extent provided in section 3905.211 of the Revised Code."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	Yes, state law	Yes, state law
3901-5-09	L(1)	Shall	"An agent may request inactive status by submitting a form prescribed by the superintendent and such other information as the superintendent may request. The agent must attest that the conditions in paragraph (L)(2) of this rule are met."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	L(1)	Shall	"An agent may request inactive status by submitting a form prescribed by the superintendent and such other information as the superintendent may request. The agent must attest that the conditions in paragraph (L)(2) of this rule are met."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	L(2)	Other - prohibits an action	"An agent may be eligible for inactive status only if and so long as all of the following conditions are met at the time of the inactivation request: (a) The agent is not employed or engaged, full or part-time, in any capacity for which an agent's license is required and does not engage in or in any way participate in or assist with any activity for which an agent's license is required in this state. This does not apply to clerical or ministerial acts; (b) The agent must be out of the insurance industry in relation to any duties or activities that would require an agent's license for at least the next twenty-four months; (c) The agent must be in compliance with their continuing education requirements; (d) The agent must be in good standing with the superintendent; (e) The agent is a natural person and holds an active resident major line of authority, title, or surety bail bond license in this state at the time of inactivation request; and (f) The request for inactivation was received by the superintendent prior to the expiration date of the license."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	L(3)	Shall	"If the superintendent is satisfied that the agent is eligible for inactive status, the superintendent shall notify the agent and all appointing insurers and agents about the inactive status."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-09	L(4)	Must	"A person who has been granted inactive status must notify each insurer with which he or she is appointed no later than ten days after inactive status is granted. Failure to do so is grounds to terminate the inactive status. All appointments held by an agent who has been granted inactive status shall be void as of the date inactive status is granted."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	L(4)	Shall	"A person who has been granted inactive status must notify each insurer with which he or she is appointed no later than ten days after inactive status is granted. Failure to do so is grounds to terminate the inactive status. All appointments held by an agent who has been granted inactive status shall be void as of the date inactive status is granted."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	L(5)	Other - prohibits an action	"If an agent is granted inactive status and subsequently engages in, participates or assists in any way in any conduct or activity for which a license is required, excluding clerical or ministerial acts, such agent's license(s) may be suspended or revoked or the superintendent may impose a civil penalty in an amount not to exceed twenty-five thousand dollars."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	L(8)	Other - requires an action	(8) An agent who has been inactive two years or more may return to active status upon the following conditions: (a) The agent notifies the superintendent using the form and means prescribed by the superintendent and provides any other information requested by the superintendent; (b) The agent has completed approved continuing education credits based on the license type being activated or has completed a pre-licensing education course for the particular type of license being reactivated, within the preceding six months of the reactivation application; (i) An agent who held resident major line of authority license must complete twenty-four hours of approved continuing education, three of which must be approved as ethics; (ii) An agent who held a title license must complete twelve credits, ten of which must be approved as title specific and two of which must be approved as ethics; (iii) An agent who held a surety bail bond license must complete fourteen credits, twelve of which must be approved as surety bail bond specific and two of which must be approved as ethics. (c) The person has paid a reactivation fee of fifty dollars; (d) The person, if requesting the reactivation of a surety bail bond license, has paid an additional fee of one hundred fifty dollars; and (e) The person is otherwise eligible and suitable to be an agent.	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	L(9)	Must	"A person who has been inactive less than two years must comply with paragraph (D) of this rule as a new applicant."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	M(1)	May Not	"An agent may surrender all or some of the agent's licenses by submitting a form prescribed by the superintendent. If an agent is under investigation by the superintendent or the superintendent has issued a notice of opportunity for hearing under Chapter 119. of the Revised Code, the superintendent may not accept a surrender except for cause and as a resolution of allegations that the agent violated the insurance laws and regulations of this state. For purposes of this paragraph, an investigation shall include the review of any complaint made against or involving the agent."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	Yes, state law	Yes, state law

3901-5-09	M(1)	Shall	"An agent may surrender all or some of the agent's licenses by submitting a form prescribed by the superintendent. If an agent is under investigation by the superintendent or the superintendent has issued a notice of opportunity for hearing under Chapter 119. of the Revised Code, the superintendent may not accept a surrender except for cause and as a resolution of allegations that the agent violated the insurance laws and regulations of this state. For purposes of this paragraph, an investigation shall include the review of any complaint made against or involving the agent."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	M(2)	Shall	"A surrender will be effective immediately after the superintendent receives the request or at a date chosen by the agent but in no case shall the surrender be effective prior to the date of receipt by the superintendent or more than thirty days after receipt of the surrender request."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	M(4)	Shall	"The superintendent shall notify each appointing company and agent when an agent's licenses are surrendered."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	M(5)	Must	"An agent who has surrendered a license or licenses and who wants to obtain a license as an agent must comply with the pre-licensing education and examination requirements as if the person had never been licensed, if otherwise eligible and suitable to be an agent. This provision shall apply to a license previously surrendered even when the agent still has a license of another type."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	M(5)	Shall	"An agent who has surrendered a license or licenses and who wants to obtain a license as an agent must comply with the pre-licensing education and examination requirements as if the person had never been licensed, if otherwise eligible and suitable to be an agent. This provision shall apply to a license previously surrendered even when the agent still has a license of another type."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	N(1)	Must	"Commissions or other compensation paid by an insurer to a person for any activity that requires a license must be paid in the legal name of the licensee as that name appears on the superintendent's records or a trade name registered in accordance with section 3905.11 of the Revised Code."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	Yes, state law	Yes, state law
3901-5-09	N(4)	Shall	"An agent or insurer may pay an unlicensed person or organization for administrative services actually rendered by that person or organization in connection with an insurance program offered to the members or customers of the unlicensed person or organization. Such payment shall be negotiated in an arms-length transaction. The amount of payment may not be calculated as a percentage of premium or any other measure of sales production. The amount of payment must be reasonable in relation to the services actually rendered. This paragraph does not prohibit the payment of a flat fee per transaction or service."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-09	N(4)	May Not	"An agent or insurer may pay an unlicensed person or organization for administrative services actually rendered by that person or organization in connection with an insurance program offered to the members or customers of the unlicensed person or organization. Such payment shall be negotiated in an arms-length transaction. The amount of payment may not be calculated as a percentage of premium or any other measure of sales production. The amount of payment must be reasonable in relation to the services actually rendered. This paragraph does not prohibit the payment of a flat fee per transaction or service."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	(N)(4)	Must	"An agent or insurer may pay an unlicensed person or organization for administrative services actually rendered by that person or organization in connection with an insurance program offered to the members or customers of the unlicensed person or organization. Such payment shall be negotiated in an arms-length transaction. The amount of payment may not be calculated as a percentage of premium or any other measure of sales production. The amount of payment must be reasonable in relation to the services actually rendered. This paragraph does not prohibit the payment of a flat fee per transaction or service."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	N(4)	Prohibit	"An agent or insurer may pay an unlicensed person or organization for administrative services actually rendered by that person or organization in connection with an insurance program offered to the members or customers of the unlicensed person or organization. Such payment shall be negotiated in an arms-length transaction. The amount of payment may not be calculated as a percentage of premium or any other measure of sales production. The amount of payment must be reasonable in relation to the services actually rendered. This paragraph does not prohibit the payment of a flat fee per transaction or service."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	N(5)	Shall	"An agent or insurance company may pay an unlicensed person or organization for an endorsement in favor of the agent, insurance company or a product. Such payment shall be a flat fee per member or customer or shall be in the amount of actual costs incurred by the unlicensed person or organization in making the endorsement. In no event shall the payment be calculated as a percentage of premium or any other measure of sales production."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	N(5)	Shall	"An agent or insurance company may pay an unlicensed person or organization for an endorsement in favor of the agent, insurance company or a product. Such payment shall be a flat fee per member or customer or shall be in the amount of actual costs incurred by the unlicensed person or organization in making the endorsement. In no event shall the payment be calculated as a percentage of premium or any other measure of sales production."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority
3901-5-09	O	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041, 3905.04, 3905.12, 3905.20 and 3905.95	No, general rulemaking authority	No, general rulemaking authority

3901-5-10	(D)(1)	Other - prohibits an action	"No rental car company, and no officer, director, authorized representative, or employee of a rental car company, shall offer, sell, solicit or identify the availability of or effectuate the placement of rental car insurance or the purchase of rental car insurance unless that person is licensed as an insurance agent pursuant to Chapter 3905. of the Revised Code or there has been compliance with the requirements of this rule."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(E)(1)	Other - requires an action	"A rental car company may apply to be licensed as a rental car agent under the terms of this rule if it satisfies all of the requirements of this rule and if it submits to the superintendent an application for licensure in the form prescribed by the superintendent that includes an appointment by an admitted insurer."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(E)(2)	Other - requires an action	"A limited authority license as a rental car agent is valid and authorizes the licensee to act as a limited authority agent to the extent permitted by law only so long as the licensee is appointed by at least one insurer that is authorized to write rental car insurance."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(F)	Other - requires an action	"By appointing a rental car agent, an insurer certifies that the applicant is competent, financially responsible, and suitable to act as a rental car agent; that the insurer has reviewed the endorsee training and education program required by paragraph (G)(4) of this rule and believes that it satisfies the requirements of this rule; and that the insurer is responsible for the conduct of the rental car agent acting within the scope of its agency appointment."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(1)	Shall Not	"(1) An endorsee of a rental car agent may identify the availability of and effectuate the placement of rental car insurance in accordance with this rule. Such activities, and any activities incidental thereto, shall not constitute any of the activities listed in section 3905.01 of the Revised Code when performed by an endorsee in accordance with this rule. An individual may be an endorsee if all of the following conditions are satisfied:"	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(1)(a)	Other - requires an action	"An individual may be an endorsee if all of the following conditions are satisfied: (a)The individual is eighteen years of age or older;"	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(1)(b)	Other - requires an action	"An individual may be an endorsee if all of the following conditions are satisfied: (b) The individual is an employee of a rental car agent or anauthorized representative;"	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(1)(c)	Other - requires an action	"An individual may be an endorsee if all of the following conditions are satisfied: (c) the individual has completed a trainingand education program; and"	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(1)(d)	Other - requires an action	"An individual may be an endorsee if all of the following conditions are satisfied: (d) The rental car company maintains and, upon request, makes available to the superintendent a list of the names and addresses of all endorsees and the dates during which each endorsee was employed by the rental car company. Records must be maintained for five years following the termination of an endorsee's employment. "	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority

3901-5-10	(G)(1)(d)	Must	"An individual may be an endorsee if all of the following conditions are satisfied: (d) The rental car company maintains and, upon request, makes available to the superintendent a list of the names and addresses of all endorsees and the dates during which each endorsee was employed by the rental car company. Records must be maintained for five years following the termination of an endorsee's employment. "	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(2)	Shall	"A rental car agent's failure to maintain the records required by paragraph (G)(1) of this rule shall be a violation of division (B) of section 3905.14 of the Revised Code and shall constitute grounds to refuse to renew, suspend or revoke its license."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(3)	Other - prohibits an action	(3) A rental car agent's endorsee may only act on behalf of the rental car agent in identifying the availability of and effectuating rental car insurance. A rental car agent is responsible for and must supervise all actions of its endorsees related to rental car insurance. The conduct of an endorsee acting within the scope of his or her employment in connection with products described in paragraph (C)(7) of this rule shall be deemed the conduct of the rental car agent for purposes of this rule and shall not constitute conduct requiring an agent's licensee under section 3905.01 of the Revised Code.	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(3)	Must	(3) A rental car agent's endorsee may only act on behalf of the rental car agent in identifying the availability of and effectuating rental car insurance. A rental car agent is responsible for and must supervise all actions of its endorsees related to rental car insurance. The conduct of an endorsee acting within the scope of his or her employment in connection with products described in paragraph (C)(7) of this rule shall be deemed the conduct of the rental car agent for purposes of this rule and shall not constitute conduct requiring an agent's licensee under section 3905.01 of the Revised Code.	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(3)	Shall	(3) A rental car agent's endorsee may only act on behalf of the rental car agent in identifying the availability of and effectuating rental car insurance. A rental car agent is responsible for and must supervise all actions of its endorsees related to rental car insurance. The conduct of an endorsee acting within the scope of his or her employment in connection with products described in paragraph (C)(7) of this rule shall be deemed the conduct of the rental car agent for purposes of this rule and shall not constitute conduct requiring an agent's licensee under section 3905.01 of the Revised Code.	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority

3901-5-10	(G)(4)	Shall	"Each rental car agent or the insurer that appoints the rental car agent shall provide a training and education program for each endorsee prior to allowing an endorsee to identify the availability of and effectuate the placement of rental car insurance. The program shall be submitted to the superintendent for approval prior to use and shall meet the following minimum standards: (a)Each endorsee shall receive instruction about the kinds of insurance specified in this rule that are offered to prospective renters; (b) Each endorsee shall receive training about the requirements and limitations imposed on rental car agents and endorsees by this rule. That training shall includes pecific instruction that the endorsee is prohibited by law from making any statement or engaging in any conduct, express or implied, that would lead aconsumer to believe: (i) That the purchase of rental car insurance is required in order for the renter to rent a motor vehicle; (ii) That the renter does not have insurance policies in place that already provide the coverage being offered by the rental car company pursuant to this rule; or (iii) That the endorsee is qualified to evaluate the adequacy of the renter's existing insurance coverages."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(4)	Shall	"Each rental car agent or the insurer that appoints the rental car agent shall provide a training and education program for each endorsee prior to allowing an endorsee to identify the availability of and effectuate the placement of rental car insurance. The program shall be submitted to the superintendent for approval prior to use and shall meet the following minimum standards: (a)Each endorsee shall receive instruction about the kinds of insurance specified in this rule that are offered to prospective renters; (b) Each endorsee shall receive training about the requirements and limitations imposed on rental car agents and endorsees by this rule. That training shall includes pecific instruction that the endorsee is prohibited by law from making any statement or engaging in any conduct, express or implied, that would lead aconsumer to believe: (i) That the purchase of rental car insurance is required in order for the renter to rent a motor vehicle; (ii) That the renter does not have insurance policies in place that already provide the coverage being offered by the rental car company pursuant to this rule; or (iii) That the endorsee is qualified to evaluate the adequacy of the renter's existing insurance coverages."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority

3901-5-10	(G)(4)	Shall	"Each rental car agent or the insurer that appoints the rental car agent shall provide a training and education program for each endorsee prior to allowing an endorsee to identify the availability of and effectuate the placement of rental car insurance. The program shall be submitted to the superintendent for approval prior to use and shall meet the following minimum standards: (a)Each endorsee shall receive instruction about the kinds of insurance specified in this rule that are offered to prospective renters; (b) Each endorsee shall receive training about the requirements and limitations imposed on rental car agents and endorsees by this rule. That training shall includes pecific instruction that the endorsee is prohibited by law from making any statement or engaging in any conduct, express or implied, that would lead aconsumer to believe: (i) That the purchase of rental car insurance is required in order for the renter to rent a motor vehicle; (ii) That the renter does not have insurance policies in place that already provide the coverage being offered by the rental car company pursuant to this rule; or (iii) That the endorsee is qualified to evaluate the adequacy of the renter's existing insurance coverages."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(4)	Shall	"Each rental car agent or the insurer that appoints the rental car agent shall provide a training and education program for each endorsee prior to allowing an endorsee to identify the availability of and effectuate the placement of rental car insurance. The program shall be submitted to the superintendent for approval prior to use and shall meet the following minimum standards: (a)Each endorsee shall receive instruction about the kinds of insurance specified in this rule that are offered to prospective renters; (b) Each endorsee shall receive training about the requirements and limitations imposed on rental car agents and endorsees by this rule. That training shall includes pecific instruction that the endorsee is prohibited by law from making any statement or engaging in any conduct, express or implied, that would lead aconsumer to believe: (i) That the purchase of rental car insurance is required in order for the renter to rent a motor vehicle; (ii) That the renter does not have insurance policies in place that already provide the coverage being offered by the rental car company pursuant to this rule; or (iii) That the endorsee is qualified to evaluate the adequacy of the renter's existing insurance coverages."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority

3901-5-10	(G)(4)	Shall	"Each rental car agent or the insurer that appoints the rental car agent shall provide a training and education program for each endorsee prior to allowing an endorsee to identify the availability of and effectuate the placement of rental car insurance. The program shall be submitted to the superintendent for approval prior to use and shall meet the following minimum standards: (a)Each endorsee shall receive instruction about the kinds of insurance specified in this rule that are offered to prospective renters; (b) Each endorsee shall receive training about the requirements and limitations imposed on rental car agents and endorsees by this rule. That training shall include specific instruction that the endorsee is prohibited by law from making any statement or engaging in any conduct, express or implied, that would lead aconsumer to believe: (i) That the purchase of rental car insurance is required in order for the renter to rent a motor vehicle; (ii) That the renter does not have insurance policies in place that already provide the coverage being offered by the rental car company pursuant to this rule; or (iii) That the endorsee is qualified to evaluate the adequacy of the renter's existing insurance coverages."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(5)	Shall	"The training and education program submitted to the superintendent shall be deemed approved if no action is taken within thirty days of its submission."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(G)(6)	Shall	"The rental car agent shall retain for a period of one year from the date of each transaction records which enable it to identify the name of the endorsee involved in each rental transaction where a renter purchases rental car insurance."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(H)(1)	Other - requires an action	"No insurance may be offered, sold, or solicited pursuant to this rule unless: (1) The rental period of the rental car agreement is less than thirty consecutive days."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority

3901-5-10	(H)(2)	Other - requires an action	"No insurance may be offered, sold, or solicited pursuant to this rule unless: (2) At every location where rental agreements are executed, the rental car agent or endorsee provides or prominently displays brochures or other written materials to each renter who purchases rental car insurance that, clearly and conspicuously and in plain language: (a)Summarize, clearly andcorrectly, the material terms, exclusions, limitations, and conditions ofcoverage offered to renters, including the identity of the insurer; (b) Describe the process for filing a claim in the event the renter elects to purchase coverage, including a toll-free telephone number to report a claim; (c) Provide the rental car agent's name, address, telephone number, and license number; (d) Inform the consumer that the rental car insurance offered, sold, or solicited by the rental car agent may provide a duplication of coverage already provided by a renter's personal automobile insurance policy, homeowners insurance policy, or by another source of coverage; (e) Inform the consumer that the purchase by the renter of the rental car insurance is not required in order to rent a rental car from the rental car agent; and (f) Inform the consumer that neither the rental car agent nor the rental car agent's endorsees are qualified to evaluate the adequacy of the renter's existing insurance coverages.	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(H)(3)	Other - requires an action	"No insurance may be offered, sold, or solicited pursuant to this rule unless: (3) The brochures or other written materials provided or prominently displayed pursuant to paragraph(H)(2) of this rule shall be filed by the insurer with the department of insurance pursuant to the procedures of section 3937.01 of the Revised Code."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(H)(4)	Other - requires an action	"No insurance may be offered, sold, or solicited pursuant to this rule unless: (4) The purchaser of rental car insurance acknowledges, in writing or electronically, the receipt or offer of the brochures or written materials required by paragraph (H)(2) of this rule."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(H)(5)	Other - requires an action	"No insurance may be offered, sold, or solicited pursuant to this rule unless: (5) Evidence of the rental car insurance coverage is stated on the face of the rental agreement."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(H)(6)	Other - requires an action	"No insurance may be offered, sold, or solicited pursuant to this rule unless: (6) All costs for the rental car insurance are separately itemized in the rental agreement."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(I)(1)(a)	Shall Not	"A rental car agent shall not: (a) Offer, sell, or solicit the purchase of rental car insurance except in conjunction with and incidental to rental car agreements."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(I)(1)(b)	Shall Not	"A rental car agent shall not: (b) Advertise, represent, or otherwise portray itself or any of its employees, authorized representatives, or agents as an insurer."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority

3901-5-10	(I)(1)(c)	Shall Not	"A rental car agent shall not: (c) Pay any person, including a rental car agent endorsee, any compensation, fee, or commission that is dependent solely upon the placement of rental car insurance unless that person is a licensed rental car agent. Nothing in this rule shall prohibit production payments or incentive payments that are not dependent solely uponthe sale of rental car insurance."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(I)(1)(d)	Shall Not	"A rental car agent shall not: (d) Make any statement or engage in any conduct, express or implied, that would lead a customer to believe: (i) That the insurance policies offered by the rental car agent may not provide a duplication of coverage already provided by a renter's personal automobile insurance policy, homeowners insurance policy, or by another source of coverage; (ii) That the purchase by the renter of rental car insurance is required in order to rent a rental car from the rental car agent; and (iii) That the rental car agent or the rental car agent's endorsees are qualified to evaluate the adequacy of the renter's existing insurance coverages."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(I)(2)	Other - prohibits an action	"No licensee or endorsee shall provide any information or advice or make any representation as to what benefits or coverages a renter's personal or other insurance policies may provide.'"	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(J)(2)	Shall	"If any person sells insurance in connection with or incidental to rental car agreements or holds self out as a rental car agent without satisfying either the requirements of this rule or the licensing provisions of Chapter 3905. of the Revised Code, the superintendent shall be authorized to issue a cease and desist order in addition to taking any other administrative action provided for in section 3901.22 and division (B) of section 3905.14 of the Revised Code."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-10	(L)	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041; R.C. 3905.28; R.C. 3905.06; R.C. 3905.14	No, general rulemaking authority	No, general rulemaking authority
3901-5-11	(C)	Shall	"This rule shall apply to any marketing, solicitation, negotiation, or sale or purchase of, or advice made in connection with, a life or health insurance policy, or annuity product by an insurance agent in this state."	R.C. 3901.041; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14(B)(9)	No, general rulemaking authority	No, general rulemaking authority
3901-5-11	(D)(1)	Require	(1) "Insurance agent" or "agent" means any person who, in order to sell, solicit or negotiate life and health insurance and annuities, is required to be licensed under the laws of this state.	R.C. 3901.041; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14(B)(9)	No, general rulemaking authority	No, general rulemaking authority

3901-5-11	(E)(1)	Prohibit	"Prohibited uses of senior-specific certifications and professional designations: It is an unfair and deceptive trade practice under sections 3901.19 to 3901.26 of the Revised Code and a dishonest practice under division (B)(9) of section 3905.14 of the Revised Code for an insurance agent to use a senior-specific certification or professional designation that indicates or implies in such a way as to mislead a purchaser or prospective purchaser that the insurance agent has special certification or training in advising or providing services to seniors in connection with the marketing, negotiating, soliciting, selling, or purchase of a life or health insurance policy, or annuity product or in the provision of advice as to the value of or the advisability of purchasing of a life or health insurance policy or annuity product, either directly or indirectly, through publications or writings, or by issuing or promulgating analyses or reports related to a life or health insurance or annuity product."	R.C. 3901.041; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14(B)(9)	No, general rulemaking authority	No, general rulemaking authority
3901-5-11	(E)(2)(a)	Prohibit	"The prohibited use of senior-specific certifications or professional designations includes, but is not limited to, the following: (a) Use of a certification or professional designation by an insurance agent who has not actually earned or is otherwise ineligible to use such certification or designation;	R.C. 3901.041; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14(B)(9)	No, general rulemaking authority	No, general rulemaking authority
3901-5-11	(E)(2)(b)	Prohibit	"The prohibited use of senior-specific certifications or professional designations includes, but is not limited to, the following: (b) Use of a nonexistent or self-conferred certification or professional designation;	R.C. 3901.041; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14(B)(9)	No, general rulemaking authority	No, general rulemaking authority
3901-5-11	(E)(2)(c)	Prohibit	"The prohibited use of senior-specific certifications or professional designations includes, but is not limited to, the following: (c) Use of a certification or professional designation that indicates or implies a level of occupational qualifications obtained through education, training or experience that the insurance agent using the certification or designation does not have;	R.C. 3901.041; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14(B)(9)	No, general rulemaking authority	No, general rulemaking authority
3901-5-11	(E)(2)(d)	Prohibit	"The prohibited use of senior-specific certifications or professional designations includes, but is not limited to, the following: (d) Use of a certification or professional designation that was obtained from a certifying or designating organization that: (i) Is primarily engaged in the business of instruction in sales or marketing; (ii) Does not have reasonable standards or procedures for assuring the competency of its certificants or designees; (iii) Does not have reasonable standards or procedures for monitoring and disciplining its certificants or designees for improper or unethical conduct; or (iv) Does not have reasonable continuing education requirements for its certificants or designees in order to maintain the certificate or designation."	R.C. 3901.041; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14(B)(9)	No, general rulemaking authority	No, general rulemaking authority

3901-5-11	(G)(1)	Shall	"In determining whether a combination of words or an acronym standing for a combination of words constitutes a certification or professional designation indicating or implying that a person has special certification or training in advising or servicing seniors, factors to be considered shall include: (a) Use of one or more words such as "senior," "retirement," "elder," or like words combined with one or more words such as "certified," "registered," "chartered," "advisor," "specialist," "consultant," "planner," or like words, in the name of the certification or professional designation; and (b) The manner in which those words are combined."	R.C. 3901.041; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14(B)(9)	No, general rulemaking authority	No, general rulemaking authority
3901-5-11	(I)	Shall Not	"If any paragraph, subparagraph, term or provision of this rule be adjudged invalid for any reason, such judgment shall not affect, impair, or invalidate any other paragraph, subparagraph, term or provision of this rule, but the remaining paragraphs, subparagraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14; R.C. 3901.19 to R.C. 3901.26; R.C. 3905.14(B)(9)	No, general rulemaking authority	No, general rulemaking authority
3901-5-12	(C)(1)	Other - prohibits an action	"The following conduct by individuals warrants suspension, revocation, or refusal to issue or renew an insurance license, assessment of a civil penalty, or imposition of any other sanctions authorized under Title 39 of the Revised Code: Whenever it is shown, in accordance with the Revised Code, that an individual has solicited, procured, or placed additional or replacement health or sickness and accident insurance coverage where he or she knew or should have known that the insured or potential insured: (1) Was and would continue to be covered by substantially duplicative insurance coverage, where the additional coverage will either not pay additional benefits to those offered by the existing coverage or will provide minimal benefits in relation to the cost to that individual of maintaining such coverage."	R.C. 3901.041; R.C. 3905.14; R.C. 3905.85(D)	No, general rulemaking authority	No, general rulemaking authority
3901-5-12	(C)(2)	Other - prohibits an action	"The following conduct by individuals warrants suspension, revocation, or refusal to issue or renew an insurance license, assessment of a civil penalty, or imposition of any other sanctions authorized under Title 39 of the Revised Code: Whenever it is shown, in accordance with the Revised Code, that an individual has solicited, procured, or placed additional or replacement health or sickness and accident insurance coverage where he or she knew or should have known that the insured or potential insured: (2) Would not be entitled to the benefits of that coverage, because of existing health conditions, where the agent had caused that individual to believe that he or she would be entitled to such benefits."	R.C. 3901.041; R.C. 3905.14; R.C. 3905.85(D)	No, general rulemaking authority	No, general rulemaking authority

3901-5-12	(C)(3)	Other - prohibits an action	"The following conduct by individuals warrants suspension, revocation, or refusal to issue or renew an insurance license, assessment of a civil penalty, or imposition of any other sanctions authorized under Title 39 of the Revised Code: Whenever it is shown, in accordance with the Revised Code, that an individual has solicited, procured, or placed additional or replacement health or sickness and accident insurance coverage where he or she knew or should have known that the insured or potential insured: (3) Intended to replace existing insurance coverage but would not be entitled to receive benefits from the replacing insurance coverage until he or she had completed some waiting period, which the agent had not disclosed to the insured or potential insured."	R.C. 3901.041; R.C. 3905.14; R.C. 3905.85(D)	No, general rulemaking authority	No, general rulemaking authority
3901-5-12	(D)(1)(a)	Other - prohibits an action	"An insurance company and/or agent may be found to have engaged in an unfair or deceptive practice, whenever any of the following is shown: (1) The insurance company or the managing or principal agent of an insurance agency knew or should have known of the misconduct of its licensed agent or employee, as set forth in paragraph (C) of this rule, and has adopted a practice whereby it has: (a) Expressly ratified, encouraged, or tolerated such misconduct;"	R.C. 3901.041; R.C. 3905.14; R.C. 3905.85(D)	No, general rulemaking authority	No, general rulemaking authority
3901-5-12	(D)(1)(b)	Other - prohibits an action	"An insurance company and/or agent may be found to have engaged in an unfair or deceptive practice, whenever any of the following is shown: (1) The insurance company or the managing or principal agent of an insurance agency knew or should have known of the misconduct of its licensed agent or employee, as set forth in paragraph (C) of this rule, and has adopted a practice whereby it has: (b) Failed to notify the Ohio department of insurance on those occasions where it has reasonable cause to believe that there has been a violation or is a continuing violation of this rule, and the details thereof which are known by the company or agent. Such information shall be treated as confidential by the department of insurance in accordance with the statutes and rules contained in Chapter 3901. of the Revised Code and agency 3901 of the Administrative Code."	R.C. 3901.041; R.C. 3905.14; R.C. 3905.85(D)	No, general rulemaking authority	No, general rulemaking authority
3901-5-12	(D)(1)(c)	Other - prohibits an action	"An insurance company and/or agent may be found to have engaged in an unfair or deceptive practice, whenever any of the following is shown: (1) The insurance company or the managing or principal agent of an insurance agency knew or should have known of the misconduct of its licensed agent or employee, as set forth in paragraph (C) of this rule, and has adopted a practice whereby it has: (c) Failed, upon the request of the department of insurance, to make a reasonable investigation to determine if such misconduct has occurred."	R.C. 3901.041; R.C. 3905.14; R.C. 3905.85(D)	No, general rulemaking authority	No, general rulemaking authority
3901-5-12	(D)(2)	Other - prohibits an action	"An insurance company and/or agent may be found to have engaged in an unfair or deceptive practice, whenever any of the following is shown: (2) An insurance company has refused to refund an insured's or potential insured's premium payment, insurance distribution or refund, or to issue insurance coverage to that person, at that person's election, where the company's agent has violated any insurance law or rule."	R.C. 3901.041; R.C. 3905.14; R.C. 3905.85(D)	No, general rulemaking authority	No, general rulemaking authority

3901-5-12	(D)(2)(a)	Shall	"An agent shall be deemed to be the agent of the company for purposes of paragraph (D)(2) of this rule whenever it is shown that: (a) The agent is appointed by the company and has solicited sold or negotiated insurance to the insured or potential insured on behalf of the company."	R.C. 3901.041; R.C. 3905.14; R.C. 3905.85(D)	No, general rulemaking authority	No, general rulemaking authority
3901-5-12	(D)(2)(b)	Shall	"An agent shall be deemed to be the agent of the company for purposes of paragraph (D)(2) of this rule whenever it is shown that: (b) The agent is not appointed by the company, or has been terminated as an agent of the company, but has been given or permitted to retain copies of the company's applications, receipts, rate books, or other supplies and has solicited and sold insurance coverage to the insured or potential insured who has justifiably relied on the agent's apparent authority to act on behalf of the company. The company shall not be deemed to be responsible for such agent's conduct, for the purposes of this rule, if it has made a good faith effort to recover its applications, receipts, rate books or other supplies."	R.C. 3901.041; R.C. 3905.14; R.C. 3905.85(D)	No, general rulemaking authority	No, general rulemaking authority
3901-5-12	(E)	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041; R.C. 3905.14; R.C. 3905.85(D)	No, general rulemaking authority	No, general rulemaking authority
3901-5-13	(C)(1)	Must	"An individual applying for certification as an insurance navigator must comply with the requirements contained in section 3905.471 of the Revised Code."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(C)(2)(a)	Shall	"(2) An individual applying for certification shall do all of the following: (a) The applicant shall complete at least twenty-four hours of pre-certification education requirements including all of the following, but not limited to: (i) Compliance with the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1955, 42 U.S.C.A. 300gg, as amended, and any regulation adopted thereunder; (ii) Ethics; (iii) Provisions of the Patient Protection and Affordable Care Act (ACA), 124 Stat. 119, 42 U.S.C. 18031 (2011); (iv) Levels of coverage available under the ACA; (v) Eligibility requirements to purchase qualified health plans; (vi) Means of appeal and dispute resolution; (vii) Conflict of interest and impartiality; (viii) Exchange privacy policies and requirements; (ix) Individual eligibility requirements for medicaid; (x) Advanced premium tax credits and cost sharing reductions; (xi) Publicly funded health care (children's health insurance program, medicaid); and (xii) Eligibility requirements for employers to make insurance available to their employees through the "Small Business Health Options Program" (SHOP) created by division (b)(1)(B) of section 1311 of the ACA."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law

3901-5-13	(C)(2)(b)	Shall	"(2) An individual applying for certification shall do all of the following: (b) The applicant shall successfully complete a criminal background check pursuant to section 3905.051 of the Revised Code and the results of which must be satisfactory to the superintendent. Any applicant with a conviction notes in the background check may submit information to the superintendent on why the conviction does not impact their fitness to perform as a navigator."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(C)(2)(b)	Must	"(2) An individual applying for certification shall do all of the following: (b) The applicant shall successfully complete a criminal background check pursuant to section 3905.051 of the Revised Code and the results of which must be satisfactory to the superintendent. Any applicant with a conviction notes in the background check may submit information to the superintendent on why the conviction does not impact their fitness to perform as a navigator."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(C)(2)(c)	Shall	"(2) An individual applying for certification shall do all of the following: (c) The applicant shall successfully complete a comprehensive exam including pertinent information that is included within the required education credits. This requirement will be met by the successful completion of an examination administered under the regulations implemented by the secretary of health and human services."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(C)(2)(d)	Shall	"(2) An individual applying for certification shall do all of the following: (d) The applicant shall submit an application and disclosure form by which the insurance navigator shall disclose any potential conflicts of interest based upon the regulations implemented by the secretary of health and human services to avoid conflicts of interest."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(C)(3)	Shall	"If the applicant has met the required education standards set forth by the exchange as defined in division (W) of section 3905.01 of the Revised Code, the applicant shall have subsequently met all education requirements listed in this rule."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(C)(4)	Must	"A certified insurance navigator must notify the department of a criminal conviction within thirty days of a court ruled conviction."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(D)(1)	Must	"Pursuant to section 3905.471 of the Revised Code, an insurance navigator business entity applying for certification must comply with the following requirements: (1) Complete a business entity application and provide information required by the superintendent."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(D)(2)	Must	"Pursuant to section 3905.471 of the Revised Code, an insurance navigator business entity applying for certification must comply with the following requirements: (2) The applicant has designated a certified insurance navigator who will be responsible for the applicant's compliance with the insurance navigator laws of this state and hascertified there are no conflicts of interest, as defined in the regulations implemented by the secretary of health and human services."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law

3901-5-13	(D)(3)	Must	"Pursuant to section 3905.471 of the Revised Code, an insurance navigator business entity applying for certification must comply with the following requirements: (3) A business entity applicant must certify that all applicants have met the required training, background check, and disclosure standards."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(D)(4)	Must	"Pursuant to section 3905.471 of the Revised Code, an insurance navigator business entity applying for certification must comply with the following requirements: (4) A business entity must maintain a list of every individual insurance navigator who is affiliated with the entity."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(D)(5)	Must	"Pursuant to section 3905.471 of the Revised Code, an insurance navigator business entity applying for certification must comply with the following requirements: (5) A business entity must provide an assigned federal identification number as well as proof of federal funding under division (i) of section 1311 of the ACA."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(D)(6)	Must	"Pursuant to section 3905.471 of the Revised Code, an insurance navigator business entity applying for certification must comply with the following requirements: (6) If the business entity ceases to exist as a corporate or other legal entity, its insurance navigator certification shall be revoked."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(D)(7)	Must	"Pursuant to section 3905.471 of the Revised Code, an insurance navigator business entity applying for certification must comply with the following requirements: (7) A business entity insurance navigator must report any change in its name, address, email address, certified insurance navigators, officers, directors, and members or owners with ten per cent or more voting interest in the certified entity to the superintendent within thirty days of such change."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(D)(8)	Must	"Pursuant to section 3905.471 of the Revised Code, an insurance navigator business entity applying for certification must comply with the following requirements: (8) A business entity applicant must apply for certification under the legal name of the applicant as registered with the Ohio secretary of state. The superintendent may deny the use of a name that is too similar to a name already in use by another business entity or a name thatmay be misleading to the public."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(D)(9)	Must	"Pursuant to section 3905.471 of the Revised Code, an insurance navigator business entity applying for certification must comply with the following requirements: (9) The applicant must be authorized to do business in the state of Ohio by the Ohio secretary of state if so required by section 1703.03, 1705.54, or 1775.64 of the Revised Code."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law

3901-5-13	(D)(10)	Must	"Pursuant to section 3905.471 of the Revised Code, an insurance navigator business entity applying for certification must comply with the following requirements: (10) Each business entity applicant for certification as an insurance navigator shall pay the following fees prescribed by the superintendent: (a) For entities with less than one hundred employed insurance navigators an application fee not to exceed two hundred fifty dollars and an annual certification renewal fee not to exceed one hundred dollars for each renewal thereafter; and (b) For entities with one hundred or more employed insurance navigators an application fee not to exceed five hundred dollars for an initial certification and an annual certification renewal fee not to exceed two hundred fifty dollars for each renewal thereafter."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(D)(11)	Must	"Pursuant to section 3905.471 of the Revised Code, an insurance navigator business entity applying for certification must comply with the following requirements: (11) The applicant must be found suitable to be certified by the superintendent."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(D)(12)	Must	"Pursuant to section 3905.471 of the Revised Code, an insurance navigator business entity applying for certification must comply with the following requirements: (12) Information regarding business entity insurance navigator certification applications (INS3004 rev. 05/2017) can be found on the department website."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(E)(1)(a)	Must	"(a) Certified insurance navigators must annually submit a renewal application on or before July thirty-first. The renewal application must include all of the following, but not limited to: (i) Proof of completion of continuing education which can be demonstrated by completing renewal requirements of the federally-facilitated exchange under the regulations implemented by the secretary of health and human services; and (ii) A renewal application."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(E)(1)(b)	Must	"(b) A business entity insurance navigator certification must be renewed annually. The renewal application must include all of the following, but not limited to: (i) A renewal application; and (ii) Pay the renewal fee as prescribed in paragraph (D)(10) of this rule."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(E)(1)(c)	Other - requires an action	(c) If an individual or business entity does not apply for the renewal of the individual or business entity's insurance navigator certification on or before the certification renewal date specified in paragraph (E)(1) of this rule, the individual or business entity may submit a late renewal application along with a fifty dollar fee prior to September first. Failure to submit a late renewal application along with a fifty dollar fee prior to September first, will result in cancellation of the insurance navigator certificate on September first.	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(G)(1)	Must	"(1) Pursuant to section 3905.47 of the Revised Code, a licensed insurance agent that wishes to sell, solicit, or negotiate a qualified health plan through the exchange must first complete a training program required by the exchange. If the applicant has met the required education standards set forth by the exchange, the applicant shall have met all initial education requirements."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law

3901-5-13	(G)(2)	Other - requires an action	(2) A non-resident applicant who has taken substantially similar courses in exchange training within their home state will be deemed to be in compliance with paragraph (G)(1) of this rule.	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	Yes, state law	Yes, state law
3901-5-13	(H)	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3905.471; R.C. 3905.47; R.C. 3905.12; R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(C)	Prohibit	"(C) Prohibition of misleading policies In reviewing policies for approval or disapproval, the superintendent may study and take into consideration the titles, terms and text of such policy, and in addition may request and review the following materials and data in connection therewith: (1) Any and all advertisements, estimates, comparisons, illustrations, circulars, statements, notices, brochures, pamphlets, letters, posters, announcements, articles, projections, literature, pictures, reports, books, newspapers, magazines, records, films or other matter of any nature whatsoever made, issued, circulated, published, disseminated, delivered, used, referred to or placed before the public in any manner whatsoever relating to or in connection with any such policy. (2) Any and all oral statements, assertions or representations, the sales techniques or procedures and the training, study or learning devices or programs made, used, followed or employed by the officers, agents, employees or representatives of the insurance company."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(D)	Other - prohibits an action	"(D)Policy name or title No person, insurance company, insurance agent, insurance broker or insurance company representative shall deliver within this state or issue for delivery within this state, any policy of life insurance or sales or advertising material relating thereto without the use of the words "life insurance" in its name or title unless accompanied by other language clearly indicating that the contract is a policy of life insurance or in the case of an annuity, an annuity contract."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(1)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (1) Make any statement or use any sales or advertising material in connection with any policy which provides a pure guaranteed annual endowment unless the gross premium and the amount of such benefit shall be shown separately and distinctly from the gross premium for and the amount of the life insurance benefit on the same page and without undue emphasis or prominence to either benefit."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority

3901-6-01	(E)(2)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (2) Make any statement or use any sales or advertising material, unless the amount of the pure guaranteed annual endowment shall be expressed in dollars and not as a percentage of any premium or benefit."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(3)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (3) Make any statement oruse any sales or advertising material wherein the pure guaranteed annual endowment is described as a "guaranteed check," "guaranteed dividend,""return," etc., alternatively, anything other than a guaranteed benefit for which a premium is being paid by the policyholder."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(4)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (4) While offering a policy containing a series of pure guaranteed annual endowments fail to disclose to the prospect, orally and in writing, in dollars on a year-to-year cumulative basis, the amount of benefit on such annual endowments and the cost, including the amount by which premiums are reduced after maturity of the last endowment. Paragraphs(E)(1) to (E)(4) of this rule shall only apply to pure guaranteed annual endowments that are equal to or less than the gross annual premium for the policy."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority

3901-6-01	(E)(5)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (5) Make any statement or reference to dividends on a life insurance policy or annuity contract that would reasonably imply any of the following; (a) That dividends are anything other than an adjustment of the cost of insurance in the form of an equitable distribution of surplus that reflects the actual experience of the insurance company principally in mortality, interest return on investment and administrative expense. (b) That dividends to a policyholder are substantially "profits," "earnings," "return," or "investment return" unless and to the extent that aggregate dividends received exceed the gross premiums paid by the policyholder. (c) That dividends during the premium-paying period are paid on other than a single year's premium. (d) That dividends are income tax free without an explanation that they constitute a partial refund of the policyholder's premium, and, therefore, would constitute income only when, and to the extent that, distributions during the life of the insured or annuitant exceed the aggregate premiums paid on the policy.	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(5)(b)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (5) Make any statement or reference to dividends on a life insurance policy or annuity contract that would reasonably imply any of the following; (a) That dividends are anything other than an adjustment of the cost of insurance in the form of an equitable distribution of surplus that reflects the actual experience of the insurance company principally in mortality, interest return on investment and administrative expense. (b) That dividends to a policyholder are substantially "profits," "earnings," "return," or "investment return" unless and to the extent that aggregate dividends received exceed the gross premiums paid by the policyholder. (c) That dividends during the premium-paying period are paid on other than a single year's premium. (d) That dividends are income tax free without an explanation that they constitute a partial refund of the policyholder's premium, and, therefore, would constitute income only when, and to the extent that, distributions during the life of the insured or annuitant exceed the aggregate premiums paid on the policy.	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority

3901-6-01	(E)(5)(c)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (5) Make any statement or reference to dividends on a life insurance policy or annuity contract that would reasonably imply any of the following; (a) That dividends are anything other than an adjustment of the cost of insurance in the form of an equitable distribution of surplus that reflects the actual experience of the insurance company principally in mortality, interest return on investment and administrative expense. (b) That dividends to a policyholder are substantially "profits," "earnings," "return," or "investment return" unless and to the extent that aggregate dividends received exceed the gross premiums paid by the policyholder. (c) That dividends during the premium-paying period are paid on other than a single year's premium. (d) That dividends are income tax free without an explanation that they constitute a partial refund of the policyholder's premium, and, therefore, would constitute income only when, and to the extent that, distributions during the life of the insured or annuitant exceed the aggregate premiums paid on the policy.	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(5)(d)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (5) Make any statement or reference to dividends on a life insurance policy or annuity contract that would reasonably imply any of the following; (a) That dividends are anything other than an adjustment of the cost of insurance in the form of an equitable distribution of surplus that reflects the actual experience of the insurance company principally in mortality, interest return on investment and administrative expense. (b) That dividends to a policyholder are substantially "profits," "earnings," "return," or "investment return" unless and to the extent that aggregate dividends received exceed the gross premiums paid by the policyholder. (c) That dividends during the premium-paying period are paid on other than a single year's premium. (d) That dividends are income tax free without an explanation that they constitute a partial refund of the policyholder's premium, and, therefore, would constitute income only when, and to the extent that, distributions during the life of the insured or annuitant exceed the aggregate premiums paid on the policy.	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority

3901-6-01	(E)(5)(e)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (5) Make any statement or reference to dividends on a life insurance policy or annuity contract that would reasonably imply any of the following; (a) That dividends are anything other than an adjustment of the cost of insurance in the form of an equitable distribution of surplus that reflects the actual experience of the insurance company principally in mortality, interest return on investment and administrative expense. (b) That dividends to a policyholder are substantially "profits," "earnings," "return," or "investment return" unless and to the extent that aggregate dividends received exceed the gross premiums paid by the policyholder. (c) That dividends during the premium-paying period are paid on other than a single year's premium. (d) That dividends are income tax free without an explanation that they constitute a partial refund of the policyholder's premium, and, therefore, would constitute income only when, and to the extent that, distributions during the life of the insured or annuitant exceed the aggregate premiums paid on the policy.	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(6)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (6) Make any statement or illustration with respect to sharing in divisible surplus or surplus of the company other than because of the company's current dividend scale accompanied by a disclosure that such scale may increase or decrease in the future and, if such is the case, a disclosure that there is a deficit in unassigned surplus."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(7)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (7) State or imply that a policyholder will secure a right to a stated percentage of net gain from operations or other benefits, which are not a part of the policy itself or made a part thereof by rider or other instrument previously approved by the department of insurance."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(8)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (8) Use the terms "investment," "investment plan," "expansion plan," "profit,""profits," "profit sharing," and other similar terms in connection with a policy of life insurance or an annuity contract in a context or under such circumstances or conditions as to have the capacity or tendency to mislead a purchaser or prospect to believe that he will receive something other than a life insurance policy or annuity contract."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority

3901-6-01	(E)(9)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (9) Refer to a policyholder as a "partner" unless he has been advised that he does not have the legal rights of a partner in a statutory or common law sense."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(10)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicit or, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (10) Make any statement or distribute any sales literature which is prepared by an allegedly independent third person or unrelated company which purports to analyze the policy or life insurance company without disclosing the amount of remuneration or fee, if any, paid, directly or indirectly, to such third person or company for its analysis."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(11)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (11) Make any statement (such as the policy will be "self-supporting") or imply that projected dividends under a participating policy will be or can be sufficient at any time to assure the receipt of any benefits, such as a paid-up policy, without the further paymentof premiums, unless the statement is accompanied but not limited thereto by an adequate explanation as to: (a) What benefits or coverage would be provided or discontinued at such time; and (b) The conditions under which this would occur;"	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(12)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (12) Make any statement or reference relating to the growth of the life insurance industry or to the tax status of life insurance companies in connection with any solicitation of an application for life insurance in a context which could reasonably be understood to interest a prospect in the purchase of shares of stock in an insurance company or becoming an investor therein rather than in the purchase of a life insurance policy."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(13)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (13) Make any statement that reasonably gives rise to the inference that the policyholder or a prospective policyholder, by virtue of purchasing a policy of life insurance, will enjoy a status common to a stockholder or will acquire a stock ownership interest in the insurance company, its parent, or any affiliated company."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority

3901-6-01	(E)(14)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (14) Make any reference to or statement concerning an insurance company's "investment department," "insured investmentdepartment," or similar terminology in such a manner as to imply that the policy was sold or issued by the investment department of the life insurance company."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(15)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (15) Make any statement or reference which would reasonably imply that by purchasing a policy, the purchaser or prospective purchaser will become a member of a limited group of persons who are to receive special advantages or favored treatment in the payment of dividends unless the policy form filed with and approved by the department of insurance contains such a provision in express and clear terms.(This clause has no relation or applicability to policies under which insured persons of one class or risk may receive dividends at a higher rate than persons of another class of risk nor shall it imply that any policy may contain a preferential benefit which discriminates against future policyholders), except that this paragraph shall not apply to or constitute evidence of the wrongful sale of any policy(s), the form of which has been filed with and not disapproved by the superintendent of insurance pursuant to Chapter 3915. of the Revised Code, if such sale was made prior to the effective date of this rule."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(16)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (16) Make any statement or reference concerning a parent or affiliate's growth, earnings or future prospects without a clear explanation that such company is not the life insurance company whose policy is offered for sale."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(17)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (17) State or imply that life insurance proceeds payable at death are in lieu of "profits" or shares of surplus the policyholder would have received had he lived or otherwise infer that life insurance protection merely is incidental to the contract."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority

3901-6-01	(E)(18)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (18) State or imply that sales of a policy are limited to shareholders, persons recommended by shareholders or to insurance released by shareholders unless an assignable option to purchase life insurance is granted to each shareholder, which option may not be assigned to the life insurance company, and a record of all assignments identifying both assignor and assignee is maintained by the company, except that this paragraph shall not apply to or constitute evidence of the wrongful sale of anypolicy(s), the form of which has been filed with and not disapproved by the superintendent of insurance pursuant to Chapter 3915. of the Revised Code, if such sale was made prior to the effective date of this rule."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(19)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (19) State or imply that policyholders who are said to act as "centers of influence" (or descriptions of similar context) for an insurance company will share, because of so acting, in the company's surplus, earnings or profits in some preferential manner unless the preferenceis clearly expressed in the provisions contained in the policy form filed with and not disapproved by the department of insurance; (a provision that the"policy shall participate in the surplus of the company" does not create such a preference as such language by statute is common to participating policies), except that this paragraph shall not apply to or constitute evidence of the wrongful sale of any policy(s), the form of which has been filed with and not disapproved by the superintendent of insurance pursuant to Chapter 3915. of the Revised Code, if such sale was made prior to the effective date of this rule."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(20)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (20) Describe or refer to premium payments in language that states that the payment is a "deposit" unless: (a) The payment establishes a debtor-creditor relationship between the life insurance company and the policyholder and a showing is made as to when and how the deposit may be withdrawn: or (b)The term is used in conjunction with the word "premium" in such manner as to indicate clearly the true character of the payment;"	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority

3901-6-01	(E)(21)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (21) Provide any illustration or projection of future dividends on a policy unless: (a)The illustration or projection is based upon the experience currently used by the insurance company for dividends or upon a scale adopted by the company, and (b)The illustration or projection clearly indicates that the dividends shown are not guaranteed;"	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(22)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (22) Use the words "dividends," "cash dividends," "surplus," or similar phrases in such a manner as to state or imply that the payment of dividends in any amount is guaranteed or certain to occur."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(23)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (23) State or imply that a purchaser of a policy will share in all or part of the earnings, profits or net operating gains of the insurance company (nothing in this subsection isintended to prohibit a representation that a holder of a participating life insurance policy will participate equitably in any future distributions out of the surplus of the company)."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(24)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (24) State that the insured is guaranteed certain benefits if the policy is allowed to lapse without making an adequate explanation of the nonforfeiture benefits."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(25)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (25) Describe a life insurance policy or premium payments therefor in terms of "units of participation" or"units," or use the words "contract," "contract plan," "plan" or similar terms unless accompanied by other language clearly indicating the reference isto a life insurance policy."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(26)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (26) Include in sales kits and prepared sales presentations proposed answers, to be used in response to a prospect's questions as to whether life insurance is being sold, which are designed to avoid a clear and unequivocal statement that life insurance is the subject matter of the solicitation."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority

3901-6-01	(E)(27)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (27) Display in any manner to a prospective policyholder any material which includes illustrations, using dollar amounts, in connection with the proposed sale of a life insurance policy or endowment benefits unless the material clearly identifies the source of the dollar amounts and the subject to which such amounts pertain."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(28)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (28) Make any general statement that insurance companies make a profit because of policy lapse or surrenders."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(29)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (29) Make any comparison to the past experience of life insurance companies that issued a policy represented to be similar to that being offered if such policy currently is unlawful to issue and without making a fair and reasonable disclosure of other companies that have had unfavorable experience with such type of policy."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(30)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (30) State or imply that possession of a license to sell life insurance or a charter to engage in the business of life insurance is unique, or anything other than that which is required of all persons or companies who market life insurance."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(31)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (31) State that the sales presentation delivered to the prospect is on file with the department of insurance of this state."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(32)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (32) State that a policy contains certain features that are not found in other life insurance policies, unless that is true."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(33)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (33) Represent that an option to purchase insurance in the future is equivalent to having in force currently the amount of insurance obtainable through exercise of the option."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority

3901-6-01	(E)(34)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (34) Offer to sell any life insurance policy or annuity contract in any capacity other than that of a fully licensed life insurance agent."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(35)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (35) Make reference to a policy of life insurance or an annuity contract in such a manner as to misrepresent the true nature of the policy or contract."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(36)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (36) Distribute any literature or make any statement about any other company or any of its policies based upon the company's being required to change any policy forms or its sales or other related materials or presentations for the purpose of inducing any policyholder 'or prospect to purchase, amend, lapse, forfeit, change or surrender insurance."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(37)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (37) State or imply that a prospective policyholder must purchase a policy immediately upon initial contact of such prospective policyholder by agent or lose the opportunity to purchase such policy."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(E)(38)	Other - prohibits an action	"No life insurance company nor any official, employee, broker, agent, solicitor, or other representative, in writing or orally, in order to induce the purchase of any policy, shall within this state: (38) The above listing of proscribed acts is not intended to be exhaustive; other acts, not listed above but otherwise unlawful, will not be condoned."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(F)	Shall	"(F)Penalties A violation of any of the provisions of this rule by whatever means, including but not being limited to the use of presentations, whether involving language or illustrations disseminated by means of sales kits, policy jackets, letters, personal confrontations, visual aids or other media, shall be deemed to be in violation of the insurance law of this state and shall subject any person, firm or corporation so violating any provisions of this rule to all penalties provided by law."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority
3901-6-01	(H)	Shall Not	"(H) Severability If any provision of this rule or the application to any personor circumstance is held invalid, the remainder of the rule and the application of the provision to other persons or circumstances shall not be affected."	R.C. 3901.041; R.C. 3901.19; R.C. 3901.23; R.C. 3915.14; R.C. 3999.05; R.C. 3999.08; R.C. 3999.10	No, general rulemaking authority	No, general rulemaking authority

3901-6-02	(B)(1)	Shall	"(B) Applicability This rule shall apply: (1) To acts and practices in the advertising promotion, solicitation, negotiation of or effecting the sale of: (a) Life insurance policies (which term shall include annuity contracts for purposes of this rule) in correlation with the sales of shares of a mutual fund or other security; (b) Contracts which contemplate the purchase of a life insurance policy in correlation with the sale of shares of a mutual fund or other security;"	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(B)(2)	Shall	"(B) Applicability This rule shall apply: (2) To any acts and practices, whether they involve the use of language disseminated by means of sales kits, policy jacketsor covers, letters, personal presentations, visual aids and other sales media in connection with the solicitation, sale, servicing or collection of premiums for life insurance in correlation with a mutual fund or other security engaged in by any insurance company, agent, or person, defined as an individual, corporation, partnership, association, trust, or fund."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(B)(2)	Shall	"As used in this rule, "security" shall have the same meaning as set forth in Chapter 1707. of the Revised Code, and shall mean, in addition, participation in common trust funds of any financial institution."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(C)	Shall	"(C) Statement of policy There shall be full disclosure of relevant facts in the sale of life insurance in correlation with the sale of shares of a mutual fund or other security. Accordingly, this rule sets forth certain proposed procedures and requirements establishing minimum standards for disclosure of information in sales of life insurance and mutual fund shares or other securities."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(D)	Other - prohibits an action	"(D) Responsibility of company and agent No insurance company, agent, or person to whom this rule applies shall make, in connection with correlated sales of life insurance and mutual fund shares or other securities, a proposal or billing other than in accordance with the requirements of this rule. Every such company must inform its agents of the requirements of this rule."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(D)	Must	"(D) Responsibility of company and agent No insurance company, agent, or person to whom this rule applies shall make, in connection with correlated sales of life insurance and mutual fund shares or other securities, a proposal or billing other than in accordance with the requirements of this rule. Every such company must inform its agents of the requirements of this rule."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(E)	Must	"(E) Tie-in sales The agent, at the commencement of and throughout the sales presentation, must fully disclose to the purchaser that he has the right to purchase life insurance only, mutual fund shares or other securities only, or both life insurance and mutual fund shares or other securities."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority

3901-6-02	(F)	Must	"(F) Written proposal In any solicitation of an offer to buy, or in any sale of lifeinsurance in correlation with the sale of shares of a mutual fund or other security, the prospect or policyholder must be furnished a copy of a clear and unambiguous written proposal not later than at the time the solicitation or proposal is made. A copy of such written proposal shall be kept on file by the agent, or by the company if no agent is involved."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(F)	Shall	"(F) Written proposal In any solicitation of an offer to buy, or in any sale of lifeinsurance in correlation with the sale of shares of a mutual fund or other security, the prospect or policyholder must be furnished a copy of a clear and unambiguous written proposal not later than at the time the solicitation or proposal is made. A copy of such written proposal shall be kept on file by the agent, or by the company if no agent is involved."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(G)(1)	Must	"(G) Contents of proposal Any proposal referred to in this rule must: (1) Be dated and signed by the insurance agent;"	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(G)(2)	Must	"(G) Contents of proposal Any proposal referred to in this rule must: (2) State the name of the company in which the life insurance is to be written;"	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(G)(3)	Must	"(G) Contents of proposal Any proposal referred to in this rule must: (3) State that the purchaser has the right to purchase life insurance only, mutual fund shares or other securities only, or both life insurance and mutual fund shares or other securities;"	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(G)(4)	Must	"(G) Contents of proposal Any proposal referred to in this rule must: (4) Contain no misrepresentations or false, deceptive or misleading words, figures or statements. It must be accurate and complete and state all facts without which the proposal would have the capacity or tendency to mislead or deceive;"	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(G)(5)	Must	"(G) Contents of proposal Any proposal referred to in this rule must: (5) Show the premium charge for life insurance separately from any other charge;"	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(G)(6)	Must	"(G) Contents of proposal Any proposal referred to in this rule must: (6) If values which may accrue prior to the death of the insured are involved in the presentation, show the value of the life insurance policy separately from any other values;"	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority

3901-6-02	(G)(7)	Must	"(G) Contents of proposal Any proposal referred to in this rule must: (7) Show, if it is involved in the presentation, the amount of the death benefit for the life insurance separately from any other benefit which may accrue upon the death of the insured;"	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(G)(8)	Must	"(G) Contents of proposal Any proposal referred to in this rule must: (8) Set forth all matters pertaining to life insurance separately from any matter not pertaining to life insurance;"	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(G)(9)	Must	"(G) Contents of proposal Any proposal referred to in this rule must: (9) Set forth policy numbers, name of company, face values and cash values of all existing policies of the insured, indicating those policies which are to be surrendered if the proposal is accepted."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(H)	Must	"(H) Statement to be separate Any bill, statement, draft, or representation sent or delivered to any prospect or policyholder must show the premium charge for the life insurance and any other information mentioned concerning life insurance separate from any other charges or values shown in the same billing, but nothing in this section shall prevent the total of the premium charge for life insurance with any other charges or values shown in the same billing to arrive at the total billing charge."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(I)(1)	Shall	"(I) Maintenance of advertising and other sales material files by company (1) File of advertising and other sales material: Each insurance company to whom this rule applies shall maintain at its home or principal office a complete file containing every printed, published, or prepared advertisement, advertising material, sales literature and sales aid of any other kind used in connection with the correlated sale of life insurance and mutual fund shares or other securities as may hereafter be prepared or disseminated in this state, with a notation attached to each such piece of material which shall indicate the manner and extent of distribution, the nature of use and the form number of any policy issued in connection with such correlated plan and such document. Such file shall be subject to regular and periodical inspection by this department. All such material shall be maintained in said file for a period of not less than three years."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority

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3901-6-02	(J)	Shall Not	"(J) Exclusion The provisions of this rule shall not apply to any arrangement for the correlated purchase of life insurance and mutual fund shares or other securities which arrangement would be deemed a "security" as defined by the Securities Act of 1933 or the Ohio Securities Act of July 22, 1929 (Chapter 1707. of the Revised Code). However, any sales literature and contract to purchase life insurance in connection with such arrangement shall be furnished to the department of insurance prior to the sale of any life insurance under such arrangement."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority

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3901-6-02	(K)	Other - prohibits an action	"(K) Dual license required No person shall solicit an offer to buy or a sale of life insurance in correlation with a sale of shares of a mutual fund or other security unless he is licensed and appointed as a life insurance agent in accordance with the provisions of sections 3905.02 and 3905.20 of the Revised Code and is also licensed to sell securities by the division of securities of the department of commerce, state of Ohio, in accordance with Chapter 1707. of the Revised Code."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(L)	Shall	"(L) Violation Companies or persons in violation of this rule shall be subject to fine, revocation or suspension of license to do business, denial of renewal of license to do business, to proceedings under section 3999.08 of the Revised Code relating to misrepresentations and to proceedings under Chapter 3901. of the Revised Code relating to unfair methods of competition and unfair and deceptive acts and practices."	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-02	(M)	Other - prohibits an action	(M) Severability Each paragraph of this rule and every part of each paragraph is an independent section and part of a section, and the holding of any section or a part thereof to be unconstitutional, void, or ineffective for any cause does not affect the validity or constitutionality of any other section or part thereof.	R.C. 3901.041; R.C. 3901.21; R.C. 3901.99; R.C. 3905.02; R.C. 3905.20; R.C. 3909.07; R.C. 3911.20; R.C. 3911.22; R.C. 3911.23; R.C. 3911.24; R.C. 3915.14; R.C. 3999.08; R.C. 3999.11	No, general rulemaking authority	No, general rulemaking authority
3901-6-03	(C)(1)	Shall	(C) Scope (1) Except for the exemptions specified in paragraph (C)(2) of this rule, this rule shall apply to any solicitation, negotiation or procurement of life insurance occurring within this state. This rule shall apply to any issuer of life insurance contracts including fraternal benefit societies.	3901.041		
3901-6-03	(C)(2)	Shall Not	(2) Unless specifically included, this rule shall not apply to: (a) Annuities; (b) Credit life insurance; (c) Group life insurance; (d) Life insurance policies issued in connection with pension and welfare plans as defined by and which are subject to the federal Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. section 1001 et seq. as amended; or (e) Variable life insurance under which the amount or duration of the life insurance varies according to the investment experience of a separate account.	3901.041		

3901-6-03	(D)(2)(a)	Other - requires an action	(a) "Surrender Cost Comparison Index--Guaranteed Basis" is calculated by applying the following steps: (i) Step one: determine the guaranteed cash surrender value, if any, available at the end of the tenth and twentieth policy years. (ii) Step two: divide the result of step one by an interest factor that converts it into an equivalent level annual amount that, if paid at the beginning of each year, would accrue to the value in step one over the respective periods stipulated in step one. If the period is ten years, the factor is 13.207 and if the period is twenty years, the factor is 34.719. (iii) Step three: determine the equivalent guaranteed level premium by accumulating each guaranteed annual premium payable for the basic policy or rider at five per cent interest compounded annually to the end of the period stipulated in step one and dividing the result by the respective factors stated in step two. (This amount is the guaranteed annual premium payable for a level premium plan.) (iv) Step four: subtract the result of step two from step three. (v) Step five: divide the result of step four by the number of thousands of the equivalent guaranteed level death benefit, using the company's guaranteed rate schedule to determine the amount payable upon death for purposes of paragraph (D)(3)(a) of this rule, to arrive at the "Surrender Cost Comparison Index-Guaranteed Basis."			
3901-6-03	(D)(2)(b)	Other - requires an action	(b) "Net Payment Cost Comparison Index--Guaranteed Basis" is calculated in the same manner as the comparable "Surrender Cost Comparison Index--Guaranteed Basis" except that the cash surrender value is set at zero.			
3901-6-03	(D)(3)	Other - requires an action	(3) "Equivalent Guaranteed Level Death Benefit" of a policy or term life insurance rider is an amount calculated as follows: (a) Step six: accumulate the amount payable upon death, regardless of the cause of death, at the beginning of each policy year for ten and twenty years at five per cent interest compounded annually to the end of the tenth and twentieth policy years respectively. Step seven: divide each accumulation of step six by an interest factor that converts the accumulation into one equivalent level annual amount that, if paid at the beginning of each year, would accrue to the value in step six over the respective periods stipulated in step six. If the period is ten years, the factor is 13.207 and if the period is twenty years, the factor is 34.719.			
3901-6-03	(D)(6)(f)	Shall	The effective policy loan annual percentage interest rate, if the policy contains this provision, specifying whether this rate is applied in advance or in arrears. If the policy loan interest rate is adjustable, the policy summary shall also indicate that the annual percentage rate will be determined by the company in accordance with the provisions of the policy and the applicable law.			
3901-6-03	(D)(6)(g)	Shall	The cost comparison indexes for ten and twenty years but in no case beyond the premium-paying period. Separate indexes shall be displayed for the basic policy and for each optional term life insurance rider. Such indexes need not be included for optional riders which are limited to benefits; such as accidental death benefits, disability waiver of premium, preliminary term life insurance coverage of less than twelve months and guaranteed insurability benefits; nor for any basic policies or optional riders covering more than one life.			

3901-6-03	(D)(6)(i)	Must	(i) The date on which the policy summary is prepared. The policy summary must consist of a separate document. All information required to be disclosed must be set out in such a manner as not to minimize or render any portion obscure. Any amounts which remain level for two or more years of the policy may be represented by a single number if it is clearly indicated what amounts are applicable for each policy year. Amounts in paragraph (D)(6)(e) of this rule shall be listed in total, not on a per thousand nor per unit basis. If more than one insured is covered under one policy or rider, death benefits shall be displayed separately for each insured or for each class of insureds if death benefits do not differ within the class. Zero amounts shall be displayed as a zero and not as a blank.	3901.041		
3901-6-03	(E) (1)	Shall	(E) Duties of insurers (1) The insurer shall provide, to all prospective purchasers, a copy of the buyer's guide and a policy summary prior to accepting the applicant's initial premium or premium deposit; provided, however, that: (a) If an illustration subject to the requirements of rule 3901-6-04 of the Administrative Code, (life insurance illustrations), is used in the sale of a policy, a policy summary does not have to be provided. Only guarantees may be shown in the policy summary for policies written with an application date on or after the effective date of rule 3901-6-04 of the Administrative Code (life insurance illustrations). (b) If the policy for which application is made or its policy summary contains an unconditional refund provision of at least ten days, the buyer's guide and policy summary must be delivered with the policy or prior to delivery of the policy. (c) If the equivalent guaranteed level death benefit of the policy for which application is made does not exceed five thousand dollars, the requirement for providing a policy summary will be satisfied by delivery of a written statement containing the information described in paragraphs (D)(6)(b), (D)(6)(c), (D)(6)(d), (D)(6)(e)(i), (D)(6)(e)(ii), (D)(6)(e)(iii), (D)(6)(e)(iv), (D)(6)(f), (D)(6)(g), (D)(6)(h), and (D)(6)(i) of this rule.	3901.041		
3901-6-03	(E)(2)	Shall	(E) Duties of insurers (2) In the case of a solicitation by direct response methods, the insurer shall provide the buyer's guideand a policy summary prior to accepting the applicant's application; provided however, that if the policy for which application is made contains an unconditional refund provision of at least ten days, the buyer's guide and a policy summary may be delivered with the policy.	3901.041		
3901-6-03	(E)(3)	Shall	(E) Duties of insurers (3) If any prospective purchaser requests the buyer's guide, a policy summary or policy data, the insurer shall provide the item or material requested.	3901.041		

3901-6-03	(F)(1)(b)	Shall	(F) Special plans This paragraph modifies the application of this rule as indicated for certain special plans of life insurance: (1) "Flexible Premium and Benefit Policies." For policies commonly called "universal life insurance policies," which: (a) Permit the policyowner to vary, independently of each other, the amount and timing of premium payments, or the amount payable on death; and (b) Provide for a cash value that is based on separately identified interest credits and mortality and expense charges applied to the policy. All indexes and other data shall be displayed assuming specific schedules of anticipated premiums and death benefits at issue. In addition to all other information required by this rule, the policy summary shall indicate when the policy will expire based on the interest rates and mortality and other charges guaranteed in the policy and the anticipated or assumed annual premiums shown in the policy summary.	3901.041		
3901-6-03	(F)(1)(b)	Shall	(F) Special plans This paragraph modifies the application of this rule as indicated for certain special plans of life insurance: (1) "Flexible Premium and Benefit Policies." For policies commonly called "universal life insurance policies," which: (a) Permit the policyowner to vary, independently of each other, the amount and timing of premium payments, or the amount payable on death; and (b) Provide for a cash value that is based on separately identified interest credits and mortality and expense charges applied to the policy. All indexes and other data shall be displayed assuming specific schedules of anticipated premiums and death benefits at issue. In addition to all other information required by this rule, the policy summary shall indicate when the policy will expire based on the interest rates and mortality and other charges guaranteed in the policy and the anticipated or assumed annual premiums shown in the policy summary.	3901.041		
3901-6-03	(F)(2)(a)	Shall	(F) Special plans (2) "Multitrack Policies." For policies which allow a policyowner to change or convert the policy from one plan or amount to another, the policy summary: (a) Shall display all indexes and other data assuming that the option is not exercised; and (b) May display all indexes and other data using a stated assumption about the exercise of the option.	3901.041		

3901-6-03	(F)(3)(a), (b) and (c)	Shall	(3) "Policies with Any Rate Subject to Continued Insurability." For policies which allow a policyowner a reduced premium rate if the insured periodically submits evidence of continued insurability, the policy summary: (a) Shall display cost indexes and other data assuming that the insured always qualifies for the lowest premium; (b) Shall display cost indexes and other data assuming that the company always charges the highest premiums allowable; and (c) Shall indicate the conditions that must be fulfilled for an insured to qualify periodically for the reduced rate.	3901.041		
3901-6-03	(F)(3)(b)	Shall	(3) "Policies with Any Rate Subject to Continued Insurability." For policies which allow a policyowner a reduced premium rate if the insured periodically submits evidence of continued insurability, the policy summary: (a) Shall display cost indexes and other data assuming that the insured always qualifies for the lowest premium; (b) Shall display cost indexes and other data assuming that the company always charges the highest premiums allowable; and (c) Shall indicate the conditions that must be fulfilled for an insured to qualify periodically for the reduced rate.	3901.041		
3901-6-03	(F)(3)(c)	Shall	(3) "Policies with Any Rate Subject to Continued Insurability." For policies which allow a policyowner a reduced premium rate if the insured periodically submits evidence of continued insurability, the policy summary: (a) Shall display cost indexes and other data assuming that the insured always qualifies for the lowest premium; (b) Shall display cost indexes and other data assuming that the company always charges the highest premiums allowable; and (c) Shall indicate the conditions that must be fulfilled for an insured to qualify periodically for the reduced rate.	3901.041		
3901-6-03	(G)(1)	Shall	(G) General rules (1) Each insurer shall maintain, at its home office or principal office, a complete file containing one copy of each document authorized and used by the insurer pursuant to this rule. Such file shall contain one copy of each authorized form for a period of three years following the date of its last authorized use unless otherwise provided by this rule.	3901.041		
3901-6-03	(G)(2)	Shall	(G) General rules (2) An agent shall inform the prospective purchaser, prior to commencing a life insurance sales presentation, that the agent is acting as a life insurance agent and inform the prospective purchaser of the full name of the insurance company which the agent is representing to the buyer. In sales situations in which an agent is not involved, the insurer shall identify its full name.	3901.041		
3901-6-03	(G)(3)	Shall Not	(G) General rules (3) Terms such as financial planner, investment advisor, financial consultant, or financial counseling shall not be used in such a way as to imply that the insurance agent is primarily engaged in an advisory business in which compensation is unrelated to sales unless such is actually the case.	3901.041		
3901-6-03	(G)(4)	Shall	(G) General rules (4) There shall be no reference to a dividend or non-guaranteed element.	3901.041		

3901-6-03	(G)(5)	Shall	(G) General rules (5) Any statement regarding the use of the cost comparison indexes shall include an explanation to the effect that the indexes are useful only for the comparison of the relative costs of two or more similar policies.	3901.041		
3901-6-03	(H)	Shall	(H) Failure to comply Failure of an insurer or an agent to provide or deliver the buyer's guide, a policy summary or policy data as provided in paragraphs (E) and (F) of this rule shall constitute an omission which misrepresents the benefits, advantages, conditions or terms of an insurance policy. In addition to any other penalties provided by the laws of this state, an insurer, agent, or authorized representative of the insurer that violates a requirement of this rule shall be guilty of a violation of section 3901.21 of the Revised Code.	3901.041		
3901-6-03	(I)	Shall Not	(I) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, such judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, and remaining paragraphs, terms and provisions shall be and shall continue in full force and effect.	3901.041		
3901-6-03	Appendix	Other - requires an action	http://codes.ohio.gov/pdf/oh/admin/2019/3901-6-03_ph_ff_a_app1_20181105_0852.pdf	3901.041		
3901-6-04	(D)(11)(b)	Must	(b) Marginal expenses may be used only if greater than a generally recognized expense table. If no generally recognized expense table is approved, fully allocated expenses must be used.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(D)(15)	Other - requires an action	(15) "Self-supporting illustration" means an illustration of a policy form for which it can be demonstrated that, when using experience assumptions underlying the disciplined current scale, for all illustrated points in time on or after the fifteenth policy anniversary or the twentieth policy anniversary for second-or-later-to-die policies (or upon policy expiration if sooner), the accumulated value of all policy cash flows equals or exceeds the total policy owner value available. For this purpose, policy owner value will include cash surrender values and any other illustrated benefit amounts available at the policy owner's election.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(E)(1)	Shall	(1) Each insurer marketing policies to which this rule is applicable shall notify the superintendent whether a policy form is to be marketed with or without an illustration. For all policy forms being actively marketed on the effective date of this rule, the insurer shall identify in writing those forms and whether or not an illustration will be used with them. For policy forms filed after the effective date of this regulation, the identification shall be made at the time of filing. Any previous identification may be changed by notice to the superintendent.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(E)(2)	Prohibit	(2) If the insurer identifies a policy form as one to be marketed without an illustration, any use of an illustration for any policy using that form prior to the first policy anniversary is prohibited.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-04	(E)(3)	Shall	(3) If a policy form is identified by the insurer as one to be marketed with an illustration, a basic illustration prepared and delivered in accordance with this regulation is required, except that a basic illustration need not be provided to individual members of a group or to individuals insured under multiple lives coverage issued to a single applicant unless the coverage is marketed to these individuals. The illustration furnished to an applicant for a group life insurance policy or policies issued to a single applicant on multiple lives may be either an individual or composite illustration representative of the coverage on the lives of members of the group or the multiple lives covered.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(E)(4)	Shall	(4) Potential enrollees of non-term group life subject to this rule shall be furnished a quotation with the enrollment materials. The quotation shall show potential policy values for sample ages and policy years on a guaranteed and non-guaranteed basis appropriate to the group and the coverage. This quotation shall not be considered an illustration for purposes of this rule, but all information provided shall be consistent with the illustrated scale. A basic illustration shall be provided at delivery of the certificate to enrollees for non-term group life who enroll for more than the minimum premium necessary to provide pure death benefit protection. The insurer shall make a basic illustration available to any non-term group life enrollee who requests it.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(E)(4)	Shall	(4) Potential enrollees of non-term group life subject to this rule shall be furnished a quotation with the enrollment materials. The quotation shall show potential policy values for sample ages and policy years on a guaranteed and non-guaranteed basis appropriate to the group and the coverage. This quotation shall not be considered an illustration for purposes of this rule, but all information provided shall be consistent with the illustrated scale. A basic illustration shall be provided at delivery of the certificate to enrollees for non-term group life who enroll for more than the minimum premium necessary to provide pure death benefit protection. The insurer shall make a basic illustration available to any non-term group life enrollee who requests it.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(E)(4)	Shall	(4) Potential enrollees of non-term group life subject to this rule shall be furnished a quotation with the enrollment materials. The quotation shall show potential policy values for sample ages and policy years on a guaranteed and non-guaranteed basis appropriate to the group and the coverage. This quotation shall not be considered an illustration for purposes of this rule, but all information provided shall be consistent with the illustrated scale. A basic illustration shall be provided at delivery of the certificate to enrollees for non-term group life who enroll for more than the minimum premium necessary to provide pure death benefit protection. The insurer shall make a basic illustration available to any non-term group life enrollee who requests it.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-04	(F)(1)	Shall	(1) An illustration used in the sale of a life insurance policy shall satisfy the applicable requirements of this rule, be clearly labeled "life insurance illustration" and contain the following basic information: (a) Name of insurer; (b) Name and business address of agent or insurer's authorized representative, if any; (c) Name, age and sex of proposed insured, except where a composite illustration is permitted under this rule; (d) Underwriting or rating classification upon which the illustration is based; (e) Generic name of policy, the company product name, if different, and form number; (f) Initial death benefit; and (g) Dividend option election or application of non-guaranteed elements, if applicable.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(F)(2)(a)	Shall Not	(2) When using an illustration in the sale of a life insurance policy, an insurer or its agents or other authorized representatives shall not: (a) Represent the policy as anything other than a life insurance policy;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(F)(2)(b)	Shall Not	(2) When using an illustration in the sale of a life insurance policy, an insurer or its agents or other authorized representatives shall not: (b) Use or describe non-guaranteed elements in a manner that is misleading or has the capacity or tendency to mislead;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(F)(2)(c)	Shall Not	(2) When using an illustration in the sale of a life insurance policy, an insurer or its agents or other authorized representatives shall not: (c) State or imply that the payment or amount of non-guaranteed elements is guaranteed;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(F)(2)(d)	Shall Not	(2) When using an illustration in the sale of a life insurance policy, an insurer or its agents or other authorized representatives shall not: (d) Use an illustration that does not comply with the requirements of this rule;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(F)(2)(e)	Shall Not	(2) When using an illustration in the sale of a life insurance policy, an insurer or its agents or other authorized representatives shall not: (e) Use an illustration that at any policy duration depicts policy performance more favorable to the policy owner than that produced by the illustrated scale of the insurer whose policy is being illustrated;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(F)(2)(f)	Shall Not	(2) When using an illustration in the sale of a life insurance policy, an insurer or its agents or other authorized representatives shall not: (f) Provide an applicant with an incomplete illustration;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(F)(2)(g)	Shall Not	(2) When using an illustration in the sale of a life insurance policy, an insurer or its agents or other authorized representatives shall not: (g) Represent in any way that premium payments will not be required for each year of the policy in order to maintain the illustrated death benefits, unless that is the fact;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-04	(F)(2)(h)	Shall Not	(2) When using an illustration in the sale of a life insurance policy, an insurer or its agents or other authorized representatives shall not: (h) Use the term "vanish" of "vanishing premium," or a similar term that implies the policy becomes paid up, to describe a plan for using non-guaranteed elements to pay a portion of future premiums;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(F)(2)(i)	Shall Not	(2) When using an illustration in the sale of a life insurance policy, an insurer or its agents or other authorized representatives shall not: (i) Except for policies that can never develop nonforfeiture values, use an illustration that is "lapse-supported";	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(F)(2)(j)	Shall Not	(2) When using an illustration in the sale of a life insurance policy, an insurer or its agents or other authorized representatives shall not: (j) Use an illustration that is not "self-supporting."	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(F)(3)	Shall Not	(3) If an interest rate used to determine the illustrated non-guaranteed elements is shown, it shall not be greater than the earned interest rate underlying the disciplined current scale.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(G)(1)	Shall	(1) Format. A basic illustration shall conform with the following requirements: (a) The illustration shall be labeled with the date on which it was prepared. (b) Each page, including any explanatory notes or pages, shall be numbered and show its relationship to the total number of pages in the illustration (e.g., the fourth page of a seven-page illustration shall be labeled "page 4 of 7 pages"). (c) The assumed dates of payment receipt and benefit pay-out within a policy year shall be clearly identified. (d) If the age of the proposed insured is shown as a component of the tabular detail, it shall be issue age plus the number of years the policy is assumed to have been in force. (e) The assumed payments on which the illustrated benefits and values are based shall be identified as premium outlay or contract premium, as applicable. For policies that do not require a specific contract premium, the illustrated payments shall be identified as premium outlay. (f) Guaranteed death benefits and values available upon surrender, if any, for the illustrated premium outlay or contract premium shall be shown and clearly labeled guaranteed. (g) If the illustration shows any non-guaranteed elements, they cannot be based on a scale more favorable to the policy owner than the insurer's illustrated scale at any duration. These elements shall be clearly labeled non-guaranteed. (h) The guaranteed elements, if any, shall be shown before corresponding non-guaranteed elements and shall be specifically referred to on any page of an illustration that	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-04	(G)(2)	Shall	(2) Narrative summary. A basic illustration shall include the following: (a) A brief description of the policy being illustrated, including a statement that it is a life insurance policy; (b) A brief description of the premium outlay or contract premium, as applicable, for the policy. For a policy that does not require payment of a specific contract premium, the illustration shall show the premium outlay that must be paid to guarantee coverage for the term of the contract, subject to maximum premiums allowable to qualify as a life insurance policy under the applicable provisions of the Internal Revenue Code; (c) A brief description of any policy features, riders, or options, guaranteed or non-guaranteed, shown in the basic illustration and the impact they may have on the benefits and values of the policy; (d) Identification and a brief definition of column headings and key terms used in the illustration; and (e) A statement containing the following: "this illustration assumes that the currently illustrated non-guaranteed elements used will not change for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown."	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(G)(3)	Shall	(3) Numeric summary. (a) Following the narrative summary, a basic illustration shall include a numeric summary of the death benefits and values and the premium outlay and contract premium, as applicable. For a policy that provides for a contract premium, the guaranteed death benefits and values shall be based on the contract premium. This summary shall be shown for at least policy years five, ten and twenty, and at age seventy, if applicable, on the three bases shown in this paragraph. For multiple life policies the summary shall show policy years five, ten, twenty and thirty. (i) Policy guarantees; (ii) Insurer's illustrated scale; (iii) Insurer's illustrated scale used but with the non-guaranteed elements reduced as follows: (a) Dividends at fifty per cent of the dividends contained in the illustrated scale used; (b) Non-guaranteed credited interest at rates that are the average of the guaranteed rates and the rates contained in the illustrated scale used; and (c) All non-guaranteed charges, including but not limited to, term insurance charges, mortality and expense charges, at rates that are the average of the guaranteed rates and the rates contained in the illustrated scale used. (b) In addition, if coverage would cease prior to policy maturity or age one hundred, the year in which coverage ceases shall be identified for each of the three bases.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-04	(G)(4)	Shall	(4) Statements. Statements substantially similar to the following shall be included on the same page as the numeric summary and signed by the applicant, or the policy owner in the case of an illustration provided at time of delivery, as required in this rule. (a) A statement to be signed and dated by the applicant or policy owner reading as follows: "I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed." (b) A statement to be signed and dated by the insurance agent or other authorized representative of the insurer reading as follows: "I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration."	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(G)(5)	Shall	(5) Tabular detail. (a) A basic illustration shall include the following for at least each policy year from one to ten and for every fifth policy year thereafter ending at age one hundred, policy maturity or final expiration; and except for term insurance beyond the twentieth year, for any year in which the premium outlay and contract premium, if applicable, is to change: (i) The premium outlay and mode the applicant plans to pay and the contract premium, as applicable; (ii) The corresponding guaranteed death benefit, as provided in the policy; and (iii) The corresponding guaranteed value available upon surrender, as provided in the policy. (b) For a policy that provides for a contract premium, the guaranteed death benefit and value available upon surrender, shall correspond to the period of time (policy year) for which the contract premium has been paid. (c) Non-guaranteed elements may be shown if described in the contract. In the case of an illustration for a policy on which the insurer intends to credit terminal dividends, they may be shown if the insurer's current practice is to pay terminal dividends. If any non-guaranteed elements are shown they must be shown at the same durations as the corresponding guaranteed elements, if any. If no guaranteed benefit or value is available at any duration for which a non-guaranteed benefit or value is shown, a zero shall be displayed in the guaranteed column.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-04	(H)(1)	Other - prohibits an action	(1) A supplemental illustration may be provided so long as: (a) It is appended to, accompanied by or preceded by a basic illustration that complies with this rule; (b) The non-guaranteed elements shown are not more favorable to the policy owner than the corresponding elements based on the scale used in the basic illustration; (c) It contains the same statement required of a basic illustration that non-guaranteed elements are not guaranteed; and (d) For a policy that has a contract premium, the contract premium underlying the supplemental illustration is equal to the contract premium shown in the basic illustration. For policies that do not require a contract premium, the premium outlay underlying the supplemental illustration shall be equal to the premium outlay shown in the basic illustration.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(H)(2)	Shall	(2) The supplemental illustration shall include a notice referring to the basic illustration for guaranteed elements and other important information.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(I)(1)(a)	Shall	(a) If a basic illustration is used by an insurance agent or other authorized representative of the insurer in the sale of a life insurance policy and the policy is applied for as illustrated, a copy of that illustration, signed in accordance with this rule, shall be submitted to the insurer at the time of policy application. A copy also shall be provided to the applicant.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(I)(1)(b)	Shall	(b) If the policy is issued other than as applied for, a revised basic illustration conforming to the policy as issued shall be sent with the policy. The revised illustration shall conform to the requirements of this rule, shall be labeled "Revised Illustration" and shall be signed and dated by the applicant or policy owner and agent or other authorized representative of the insurer no later than the time the policy is delivered. A copy shall be provided to the insurer and the policy owner.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(I)(2)(a)	Shall	(a) If no illustration is used by an insurance agent or other authorized representative of the insurer in the sale of a life insurance policy or if the policy is applied for other than as illustrated, the agent or representative shall certify to that effect in writing on a form provided by the insurer. On the same form the applicant shall acknowledge that no illustration conforming to the policy applied for was provided and shall further acknowledge an understanding that an illustration conforming to the policy as issued will be provided no later than at the time of policy delivery. This form shall be submitted to the insurer at the time of policy application.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(I)(2)(b)	Shall	(b) If the policy is issued, a basic illustration conforming to the policy as issued shall be sent with the policy and signed no later than the time the policy is delivered. A copy shall be provided to the insurer and the policy owner.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-04	(I)(3)	Shall	(3) If the basic illustration or revised illustration is sent to the applicant or policy owner by mail from the insurer, it shall include instructions for the applicant or policy owner to sign the duplicate copy of the numeric summary page of the illustration for the policy issued and return the signed copy to the insurer. The insurer's obligation under this paragraph shall be satisfied if it can demonstrate that it has made a diligent effort to secure a signed copy of the numeric summary page. The requirement to make a diligent effort shall be deemed satisfied if the insurer includes in the mailing a self-addressed postage prepaid envelope with instructions for the return of the signed numeric summary page.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(I)(4)	Shall	(4) A copy of the basic illustration and a revised basic illustration, if any, signed as applicable, along with any certification that either no illustration was used or that the policy was applied for other than as illustrated, shall be retained by the insurer until three years after the policy is no longer in force. A copy need not be retained if no policy is issued.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(J)(1)(a)	Shall	(1) In the case of a policy designated as one for which illustrations will be used, the insurer shall provide each policy owner with an annual report on the status of the policy that shall contain at least the following information; (a) For universal life policies, the report shall include the following: (i) The beginning and end date of the current report period; (ii) The policy value at the end of the previous report period and at the end of the current report period; (iii) The total amounts that have been credited or debited to the policy value during the current report period, identifying each by type (e.g., interest, mortality, expense and riders); (iv) The current death benefit at the end of the current report period on each life covered by the policy; (v) The net cash surrender value of the policy as of the end of the current report period; (vi) The amount of outstanding loans, if any, as of the end of the current report period; and (vii) For fixed premium policies: If, assuming guaranteed interest, mortality and expense loads and continued scheduled premium payments, the policy's net cash surrender value is such that it would not maintain insurance in force until the end of the next reporting period, a notice to this effect shall be included in the report; or (viii) For flexible premium policies: If, assuming guaranteed interest, mortality and expense loads, the policy's net cash surrender value will not maintain insurance in force until the end of the next reporting period	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(J)(1)(b)	Shall	(1) In the case of a policy designated as one for which illustrations will be used, the insurer shall provide each policy owner with an annual report on the status of the policy that shall contain at least the following information; (b) For all other policies, where applicable: (i) Current death benefit; (ii) Annual contract premium; (iii) Current cash surrender value; (iv) Current dividend; (v) Application of current dividend; and (vi) Amount of outstanding loan.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-04	(J)(1)(c)	Shall	(1) In the case of a policy designated as one for which illustrations will be used, the insurer shall provide each policy owner with an annual report on the status of the policy that shall contain at least the following information; (c) Insurers writing life insurance policies that do not build nonforfeiture values shall only be required to provide an annual report with respect to these policies for those years when a change has been made to non-guaranteed policy elements by the insurer.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(J)(2)	Shall	(2) If the annual report does not include an in force illustration, it shall contain the following notice displayed prominently: "IMPORTANT POLICY OWNER NOTICE: you should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling [insurer's phone number], writing to [insurer's name] at [insurer's address] or contacting your agent. If you do not receive a current illustration of your policy within thirty days from your request, you should contact your state insurance department." The insurer may vary the sequential order of the methods for obtaining an in force illustration.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(J)(3)	Shall	(3) Upon the request of the policy owner, the insurer shall furnish an in force illustration of current and future benefits and values based on the insurer's present illustrated scale. This illustration shall comply with the requirements of paragraphs (F)(1), (F)(2), (G)(1) and (G)(5) of this rule. No signature or other acknowledgment of receipt of this illustration shall be required.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(J)(4)	Shall	(4) If an adverse change in non-guaranteed elements that could affect the policy has been made by the insurer since the last annual report, the annual report shall contain a notice of that fact and the nature of the change prominently displayed.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(K)(1)	Shall	(1) The board of directors of each insurer shall appoint one or more illustration actuaries.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(K)(2)	Shall	(2) The illustration actuary shall certify that the disciplined current scale used in illustrations is in conformity with actuarial standard of practice no. 24, compliance with the NAIC life insurance illustrations model regulation, promulgated by the actuarial standards board in December 2016, and that the illustrated scales used in insurer-authorized illustrations meet the requirements of this rule.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(K)(3)(a)	Shall	(3) The illustration actuary shall: (a) Be a member of the American academy of actuaries and qualified to provide such certifications as described in the U.S. qualifications standards promulgated by the American academy of actuaries pursuant to the code of professional conduct;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(K)(3)(b)	Shall	(3) The illustration actuary shall: (b) Be familiar with the standard of practice regarding life insurance policy illustrations;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-04	(K)(3)(c)	Shall Not	(3) The illustration actuary shall: (c) Not have been found by the superintendent, following appropriate notice and hearing to have: (i) Violated any provision of, or any obligation imposed by, the insurance law or other law in the course of his or her dealings as an illustration actuary; (ii) Been found guilty of fraudulent or dishonest practices; (iii) Demonstrated his or her incompetence, lack of cooperation, or untrustworthiness to act as an illustration actuary; or (iv) Resigned or been removed as an illustration actuary within the past five years as a result of acts or omissions indicated in any adverse report on examination or as a result of a failure to adhere to generally acceptable actuarial standards;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(K)(3)(d)	Shall Not	(3) The illustration actuary shall: (d) Not fail to notify the superintendent of any action taken by a commissioner of another state similar to that under paragraph (K)(3)(c) of this rule;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(K)(3)(e)	Shall	(3) The illustration actuary shall: (e) Disclose in the annual certification whether, since the last certification, a currently payable scale applicable for business issued within the previous five years and within the scope of the certification has been reduced for reasons other than changes in the experience factors underlying the disciplined current scale. If non-guaranteed elements illustrated for new policies are not consistent with those illustrated for similar in force policies, this must be disclosed in the annual certification. If non-guaranteed elements illustrated for both new and in force policies are not consistent with the non-guaranteed elements actually being paid, charged or credited to the same or similar forms, this must be disclosed in the annual certification;	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(K)(3)(f)	Shall	(3) The illustration actuary shall: (f) Disclose in the annual certification the method used to allocate overhead expenses for all illustrations: (i) Fully allocated expenses; (ii) Marginal expenses; or (iii) A generally recognized expense table based on fully allocated expenses representing a significant portion of insurance companies and approved by the NAIC or by the superintendent.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(K)(4)(a)	Shall	(a) The illustration actuary shall file a certification with the board and with the superintendent: (i) Annually for all policy forms for which illustrations are used; and (ii) Before a new policy form is illustrated.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(K)(4)(b)	Shall	(b) If an error in a previous certification is discovered, the illustration actuary shall promptly notify the board of directors of the insurer and the superintendent .	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(K)(5)	Shall	(5) If an illustration actuary is unable to certify the scale for any policy form illustration the insurer intends to use, the actuary shall promptly notify the board of directors of the insurer and the superintendent of his or her inability to certify.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-04	(K)(6)	Shall	(6) A responsible officer of the insurer, other than the illustration actuary, shall certify annually: (a) That the illustration formats meet the requirements of this rule and that the scales used in the insurer-authorized illustrations are those scales certified by the illustration actuary; and (b) That the company has provided its agents with information about the expense allocation method used by the company in its illustrations and disclosed as required in paragraph (K)(3)(f) of this rule.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(K)(7)	Shall	(7) The annual certifications shall be provided to the superintendent each year by a date determined by the insurer.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(K)(8)	Shall	(8) If an insurer changes the illustration actuary responsible for all or a portion of the company's policy forms, the insurer shall promptly notify the superintendent of that fact and disclose the reason for the change.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(L)	Shall	In addition to any other penalties provided by the laws of this state, an insurer, agent, or authorized representative of the insurer that violates a requirement of this rule shall be guilty of a violation of section 3901.21 of the Revised Code.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(M)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-04	(N)	Shall	This rule shall apply to policies illustrated or written with an application date on or after the effective date.	sections 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(C)(1)(b)	Shall	"Group life insurance or group annuities where there is no direct solicitation of individuals by an insurance agent. Direct solicitation shall not include any group meeting held by an insurance agent solely for the purpose of educating or enrolling individuals or, when initiated by an individual member of the group, assisting with the selection of investment options offered by a single insurer in connections with enrolling that individual. Group life insurance or group annuity certificates marketed through direct response solicitation shall be subject to the provisions of paragraph (I) of this rule."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(C)(1)(f)(ii)	Shall	"Notwithstanding paragraph (C)(1)(f)(i) of this rule, this rule shall apply to policies or contracts used to fund any plan or arrangement that is funded solely by contributions an employee elects to make, whether on a pre-tax or after-tax basis, and where the insurer has been notified that plan participants may choose from among two or more insurers and there is a direct solicitation of an individual employee by an insurance agent for the purchase of a contract or policy. As used in this paragraph, direct solicitation shall not include any group meeting held by an insurance agent solely for the purpose of educating individuals about the plan or arrangement or enrolling individuals in the plan or arrangement or, when initiated by an individual employee, assisting with the selection of investment options offered by a single insurer in connections with enrolling that individual employee;"	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(C)(1)(i)	Other - requires an action	"Immediate annuities that are purchased with proceeds from an existing contract. Immediate annuities purchased with proceeds from an existing policy are not exempted from the requirements of this rule;"	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority

5 Replacement of life insurance and	(C)(2)	Shall	"Registered contracts shall be exempt from the requirements of paragraphs (G)(1)(b) and (H)(2) of this rule with respect to the provision of illustrations or policy summaries; however, premium or contract contribution amounts and identification of the appropriate prospectus or offering circular shall be required instead."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(D)(1)	Require	"'Agent' or'insurance agent' means any person that, in order to sell, solicit, or negotiate insurance, is required to be licensed under the laws of this state with a life line of authority. For the purposes of this rule, the term 'agent' shall be defined to include agents, brokers and producers."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(D)(7)(a)	Shall	"(7) "Policy summary": (a) For policies or contracts other than universal life policies, means a written statement regarding a policy or contract which shall contain to the extent applicable, but need not be limited to, the following information: current death benefit; annual contract premium; current cash surrender value; current dividend; application of current dividend; and amount of outstanding loan."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(D)(7)(b)	Shall	"(7) "Policy summary": (b) For universal life policies, means a written statement that shall contain at least the following information: the beginning and end date of the current report period; the policy value at the end of the previous report period and at the end of the current report period; the total amounts that have been credited or debited to the policy value during the current report period, identifying each by type (e.g., interest, mortality, expense and riders); the current death benefit at the end of the current report period on each life covered by the policy; the net cash surrender value of the policy as of the end of the current report period; and the amount of outstanding loans, if any, as of the end of the current report period."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(D)(9)	Require	"'Registered contract' means a variable annuity contract or variable life insurance policy subject to the prospectus delivery requirements of the "Securities Act of 1933," as amended."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(E)(1)	Shall	"A agent who initiates an application shall submit to the insurer, with or as part of the application, a statement signed by both the applicant and the agent as to whether the applicant has existing policies or contracts. If the answer is "no," the agent's duties with respect to replacement are complete."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(E)(2)	Shall	"If the applicant answered "yes" to the question regarding existing coverage referred to in paragraph (E)(1) of this rule, the agent shall present and read to the applicant, not later than at the time of taking the application, a notice regarding replacements in the form as described in "Appendix A" to this rule or other substantially similar form approved by the superintendent. However, no approval shall be required when amendments to the notice are limited to the omission of references not applicable to the product being sold or replaced. The notice shall be signed by both the applicant and the agent attesting that the notice has been read aloud by the agent or that the applicant did not wish the notice to be read aloud (in which case the agent need not have read the notice aloud) and left with the applicant."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority

5 Replacement of life insurance and	(E)(2)	Shall	"If the applicant answered "yes" to the question regarding existing coverage referred to in paragraph (E)(1) of this rule, the agent shall present and read to the applicant, not later than at the time of taking the application, a notice regarding replacements in the form as described in "Appendix A" to this rule or other substantially similar form approved by the superintendent. However, no approval shall be required when amendments to the notice are limited to the omission of references not applicable to the product being sold or replaced. The notice shall be signed by both the applicant and the agent attesting that the notice has been read aloud by the agent or that the applicant did not wish the notice to be read aloud (in which case the agent need not have read the notice aloud) and left with the applicant."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(E)(3)	Shall	"The notice shall list all life insurance policies or annuities proposed to be replaced, properly identified by name of insurer, the insured or annuitant, and policy or contract number if available; and shall include a statement as to whether each policy or contract will be replaced or whether a policy will be used as a source of financing for the new policy or contract. If a policy or contract number has not been issued by the existing insurer, alternative identification, such as an application or receipt number, shall be listed."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(E)(3)	Shall	"The notice shall list all life insurance policies or annuities proposed to be replaced, properly identified by name of insurer, the insured or annuitant, and policy or contract number if available; and shall include a statement as to whether each policy or contract will be replaced or whether a policy will be used as a source of financing for the new policy or contract. If a policy or contract number has not been issued by the existing insurer, alternative identification, such as an application or receipt number, shall be listed."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(E)(3)	Shall	"The notice shall list all life insurance policies or annuities proposed to be replaced, properly identified by name of insurer, the insured or annuitant, and policy or contract number if available; and shall include a statement as to whether each policy or contract will be replaced or whether a policy will be used as a source of financing for the new policy or contract. If a policy or contract number has not been issued by the existing insurer, alternative identification, such as an application or receipt number, shall be listed."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(E)(4)	Shall	"In connection with a replacement transaction, the agent shall leave with the applicant at the time an application for a new policy or contract is completed the original or a copy of all sales material. With respect to electronically presented sales material, it shall be provided to the policy or contract owner in printed form no later than at the time of policy or contract delivery."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(E)(4)	Shall	"In connection with a replacement transaction, the agent shall leave with the applicant at the time an application for a new policy or contract is completed the original or a copy of all sales material. With respect to electronically presented sales material, it shall be provided to the policy or contract owner in printed form no later than at the time of policy or contract delivery."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority

5 Replacement of life insurance and	(E)(5)	Shall	"Except as provided in paragraph (G)(3) of this rule, in connection with a replacement transaction the agent shall submit to the insurer to which an application for a policy or contract is presented, a copy of each document required by this section, a statement identifying any preprinted or electronically presented company approved sales materials used, and copies of any individualized sales materials, including any illustrations related to the specific policy or contract purchased."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(1)(a)	Shall	"(F) Each insurer shall: (1) Maintain a system of supervision and control to ensure compliance with the requirements of this rule that shall include at least the following: (a) Inform its agents of the requirements of this rule and incorporate the requirements of this rule into all relevant agent training manuals prepared by the insurer;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(1)(b)	Shall	"(F) Each insurer shall: (1) Maintain a system of supervision and control to ensure compliance with the requirements of this rule that shall include at least the following: (b) Provide to each agent a written statement of the company's position with respect to the acceptability of replacements providing guidance to its agent as to the appropriateness of these transactions;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(1)(c)	Shall	"(F) Each insurer shall: (1) Maintain a system of supervision and control to ensure compliance with the requirements of this rule that shall include at least the following: (c) A system to review the appropriateness of each replacement transaction that the agent does not indicate is in accordance with paragraph (F)(1)(b) of this rule;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(1)(d)	Shall	"(F) Each insurer shall: (1) Maintain a system of supervision and control to ensure compliance with the requirements of this rule that shall include at least the following: (d) Procedures to confirm that the requirements of this rule have been met;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(1)(e)	Shall	"(F) Each insurer shall: (1) Maintain a system of supervision and control to ensure compliance with the requirements of this rule that shall include at least the following: (e) Procedures to detect transactions that are replacements of existing policies or contracts by the existing insurer, but that have not been reported as such by the applicant or agent. Compliance with this rule may include, but shall not be limited to, systematic customer surveys, interviews, confirmation letters, or programs of internal monitoring."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(2)	Shall	"(F) Each insurer shall: (2) Have the capacity to monitor each agent's life insurance policy and annuity contract replacements for that insurer, and shall produce, upon request, and make such records available to the superintendent of insurance. The capacity to monitor shall include the ability to produce records for each agent's:	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority

5 Replacement of life insurance and	(F)(2)	Shall	"(F) Each insurer shall: (2) Have the capacity to monitor each agent's life insurance policy and annuity contract replacements for that insurer, and shall produce, upon request, and make such records available to the superintendent of insurance. The capacity to monitor shall include the ability to produce records for each agent's:	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(2)(a)	Shall	"(F) Each insurer shall: (2) Have the capacity to monitor each agent's life insurance policy and annuity contract replacements for that insurer, and shall produce, upon request, and make such records available to the superintendent of insurance. The capacity to monitor shall include the ability to produce records for each agent's: (a) Life replacements, including financed purchases, as a percentage of the agent's total annual sales for life insurance;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(2)(b)	Shall	"(F) Each insurer shall: (2) Have the capacity to monitor each agent's life insurance policy and annuity contract replacements for that insurer, and shall produce, upon request, and make such records available to the superintendent of insurance. The capacity to monitor shall include the ability to produce records for each agent's: (b) Number of lapses of policies by the agent as a percentage of the agent's total annual sales for life insurance;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(2)(c)	Shall	"(F) Each insurer shall: (2) Have the capacity to monitor each agent's life insurance policy and annuity contract replacements for that insurer, and shall produce, upon request, and make such records available to the superintendent of insurance. The capacity to monitor shall include the ability to produce records for each agent's: (c) Annuity contract replacements as a percentage of the agent's total annual annuity contract sales;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(2)(d)	Shall	"(F) Each insurer shall: (2) Have the capacity to monitor each agent's life insurance policy and annuity contract replacements for that insurer, and shall produce, upon request, and make such records available to the superintendent of insurance. The capacity to monitor shall include the ability to produce records for each agent's: (d) Number of transactions that are unreported replacements of existing policies or contracts by the existing insurer detected by the company's monitoring system as required by paragraph (F)(1)(e) of this rule;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(2)(e)	Shall	"(F) Each insurer shall: (2) Have the capacity to monitor each agent's life insurance policy and annuity contract replacements for that insurer, and shall produce, upon request, and make such records available to the superintendent of insurance. The capacity to monitor shall include the ability to produce records for each agent's: (e) Replacements, indexed by replacing agent and existing insurer;"	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority

5 Replacement of life insurance and	(F)(3)	Require	"(F) Each insurer shall: (3) Require with or as a part of each application for life insurance or an annuity a signed statement by both the applicant and the agent as to whether the applicant has existing policies or contracts;"	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(4)	Require	"(F) Each insurer shall: (4) Require with each application for life insurance or an annuity that indicates an existing policy or contract a completed notice regarding replacements as contained in "Appendix A" to this rule."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(5)	Shall	"(F) Each insurer shall: (5) When the applicant has existing policies or contracts, each insurer shall be able to produce copies of any sales material required by paragraph (E)(5) of this rule, the basic illustration and any supplemental illustrations related to the specific policy or contract that is purchased, and the agent's and applicant's signed statements with respect to financing and replacement for at least five years after the termination or expiration of the proposed policy or contract;"	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(6)	Shall	"(F) Each insurer shall: (6) Ascertain that the sales material and illustrations required by paragraph (E)(5) of this rule meet the requirements of this rule and are complete and accurate for the proposed policy or contract;"	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(7)	Shall	"(F) Each insurer shall: (7) If an application does not meet the requirements of this rule, notify the agent and applicant and fulfill the outstanding requirements; and"	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(F)(8)	Shall	"(F) Each insurer shall: (8) Maintain records in paper, photograph, microprocess, magnetic, mechanical or electronic media or by any process that accurately reproduces the actual document.	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(G)(1)(a)	Shall	"Where a replacement is involved in the transaction, the replacing insurer shall: (a) Verify that the required forms are received and are in compliance with this rule;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(G)(1)(b)	Shall	"Where a replacement is involved in the transaction, the replacing insurer shall: (b) Notify any other existing insurer tha tmay be affected by the proposed replacement within five business days of receipt of a completed application indicating replacement or when the replacement is identified if not indicated on the application, and mail a copy of the available illustration or policy summary for the proposed policy or available disclosure document for the proposed contract within five business days of a request from an existing insurer;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(G)(1)(c)	Shall	"Where a replacement is involved in the transaction, the replacing insurer shall: (c) Be able to produce copies of the notification regarding replacement required in paragraph (E)(2) of this rule, indexed by agent, for at least five years or until the next regular examination by the insurance department of a company's state of domicile, whichever is later;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority

5 Replacement of life insurance and	(G)(1)(d)	Shall	"Where a replacement is involved in the transaction, the replacing insurer shall: (d) Provide to the policy or contract owner notice of the right to return the policy or contract within thirty days of the delivery of the contract and receive an unconditional full refund of all premiums or considerations paid on it, including any policy fees or charges or, in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations or imposed under such policy or contract; such notice may be included in appendix A or appendix C to this rule."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(H)(1)	Shall	"Where a replacement is involved in the transaction, the existing insurer shall: (1) Retain and be able to produce all replacement notifications received, indexed by replacing insurer, for at least five years or until the conclusion of the next regular examination conducted by the insurance department of its state of domicile, whichever is later.	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(H)(2)	Shall	"Where a replacement is involved in the transaction, the existing insurer shall: (2) Send a letter to the policy or contract owner of the right to receive information regarding the existing policy or contract values including, if available, an in force illustration or policy summary if an in force illustration cannot be produced with five business days of receipt of a notice that an existing policy or contract is being replaced. The information shall be provided within five business days of receipt of the request from the policy or contract owner.	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(H)(2)	Shall	"Where a replacement is involved in the transaction, the existing insurer shall: (2) Send a letter to the policy or contract owner of the right to receive information regarding the existing policy or contract values including, if available, an in force illustration or policy summary if an in force illustration cannot be produced with five business days of receipt of a notice that an existing policy or contract is being replaced. The information shall be provided within five business days of receipt of the request from the policy or contract owner.	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(H)(3)	Shall	"Where a replacement is involved in the transaction, the existing insurer shall: (3) Upon receipt of a request to borrow, surrender or withdraw any policy values, send a notice advising the policyowner that the release of policy values may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the policy from which the values are released. The notice shall be sent separate from the check if the check is sent to anyone other than the policyowner. In the case of consecutive automatic premium loans, the insurer is only required to send the notice at the time of the first loan."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority

5 Replacement of life insurance and	(H)(3)	Shall	"Where a replacement is involved in the transaction, the existing insurer shall: (3) Upon receipt of a request to borrow, surrender or withdraw any policy values, send a notice advising the policyowner that the release of policy values may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the policy from which the values are released. The notice shall be sent separate from the check if the check is sent to anyone other than the policyowner. In the case of consecutive automatic premium loans, the insurer is only required to send the notice at the time of the first loan."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(H)(3)	Shall	"Where a replacement is involved in the transaction, the existing insurer shall: (3) Upon receipt of a request to borrow, surrender or withdraw any policy values, send a notice advising the policyowner that the release of policy values may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the policy from which the values are released. The notice shall be sent separate from the check if the check is sent to anyone other than the policyowner. In the case of consecutive automatic premium loans, the insurer is only required to send the notice at the time of the first loan."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(I)(1)	Shall	"(1) In the case of an application that is initiated as a result of a direct response solicitation, the insurer shall require, with or as part of each completed application for a policy orcontract, a statement asking whether the applicant, by applying for theproposed policy or contract, intends to replace, discontinue or change anyexisting policy or contract. If the applicant indicates a replacement or change is not intended or if the applicant fails to respond to the statement, the insurer shall send the applicant, with the policy or contract, a notice regarding replacement in appendix B to this rule, or other substantially similar form approved by the superintendent.	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(I)(1)	Shall	"(1) In the case of an application that is initiated as a result of a direct response solicitation, the insurer shall require, with or as part of each completed application for a policy orcontract, a statement asking whether the applicant, by applying for theproposed policy or contract, intends to replace, discontinue or change anyexisting policy or contract. If the applicant indicates a replacement or change is not intended or if the applicant fails to respond to the statement, the insurer shall send the applicant, with the policy or contract, a notice regarding replacement in appendix B to this rule, or other substantially similar form approved by the superintendent.	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority

5 Replacement of life insurance and	(I)(2)(a)	Shall	(2) If the insurer has proposed the replacement or if the applicant indicates a replacement is intended and the insurer continues with the replacement, the insurer shall: (a) Provide to applicants or prospective applicants with the policy or contract a notice, as described in appendix C to this rule, or other substantially similar form approved by the superintendent. In these instances the insurer may delete the references to the agent, including the agent's signature, and references not applicable to the product being sold or replaced, without having to obtain approval of the form from the superintendent. The insurer's obligation to obtain the applicant's signature shall be satisfied if it can demonstrate that it has made a diligent effort to secure a signed copy of the notice referred to in this paragraph. The requirement to make a diligent effort shall be deemed satisfied if the insurer includes in the mailing a self-addressed postage prepaid envelope with instructions for the return of the signed notice referred to in this paragraph;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(I)(2)(b)	Shall	(2) If the insurer has proposed the replacement or if the applicant indicates a replacement is intended and the insurer continues with the replacement, the insurer shall: (b) Comply with the requirements of paragraph (G)(1)(b) of this rule, if the applicant furnishes the names of the existing insurers, and the requirements of paragraphs (G)(1)(c), (G)(1)(d) and (G)(2) of this rule."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(J)(1)	Shall	"(1) Any failure to comply with this rule shall be considered a violation of section 3901.20 of the Revised Code. Examples of violations include: (a) Any deceptive or misleading information set forth in sales material; (b) Failing to ask the applicant in completing the application the pertinent questions regarding the possibility of financing or replacement; (c) The intentional incorrect recording of an answer; (d) Advising an applicant to respond negatively to any question regarding replacement in order to prevent notice to the existing insurer; or (e) Advising a policy or contract owner to write directly to the company in such a way as to attempt to obscure the identity of the replacing agent or company."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(J)(1)(a)	Other - prohibits an action	"(1) Any failure to comply with this rule shall be considered a violation of section 3901.20 of the Revised Code. Examples of violations include: (a) Any deceptive or misleading information set forth in sales material;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(J)(1)(b)	Other - prohibits an action	"(1) Any failure to comply with this rule shall be considered a violation of section 3901.20 of the Revised Code. Examples of violations include: (b) Failing to ask the applicant in completing the application the pertinent questions regarding the possibility of financing or replacement;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(J)(1)(c)	Other - prohibits an action	"(1) Any failure to comply with this rule shall be considered a violation of section 3901.20 of the Revised Code. Examples of violations include: (c) The intentional incorrect recording of an answer;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority

5 Replacement of life insurance and	(J)(1)(d)	Other - prohibits an action	"(1) Any failure to comply with this rule shall be considered a violation of section 3901.20 of the Revised Code. Examples of violations include: (d) Advising an applicant to respond negatively to any question regarding replacement in order to prevent notice to the existing insurer;	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(J)(1)(e)	Other - prohibits an action	"(1) Any failure to comply with this rule shall be considered a violation of section 3901.20 of the Revised Code. Examples of violations include: (e) Advising a policy or contract owner to write directly to the company in such a way as to attempt to obscure the identity of the replacing agent or company."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(J)(2)	Shall	"Policy and contract owners have the right to replace existing life insurance policies or annuity contracts after indicating in or as a part of applications for new coverage that replacement is not their intention; however, patterns of such action by policy or contract owners of the same agent shall be deemed prima facie evidence of the agent's knowledge that replacement was intended in connection with the identified transactions, and these patterns of action shall be deemed prima facie evidence of the agent's intent to violate this rule."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(J)(3)	Shall	"Where it is determined that the requirements of this rule have not been met the replacing insurer shall provide to the policyowner an in force illustration if available or policy summary for the replacement policy or available disclosure document for the replacement contract and the appropriate notice regarding replacements in appendix A or appendix C to this rule."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(J)(4)	Shall	"Violations of this rule shall subject the violators to penalties that may include the revocation or suspension of a agent's or company's license, monetary fines and the forfeiture of any commissions or compensation paid to aagent as a result of the transaction in connection with which the violations occurred. In addition, where the superintendent has determined that the violations were material to the sale, the insurer may be required to make restitution, restore policy or contract values and pay interest on the amount refunded in cash."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(J)(4)	Shall	"Violations of this rule shall subject the violators to penalties that may include the revocation or suspension of a agent's or company's license, monetary fines and the forfeiture of any commissions or compensation paid to aagent as a result of the transaction in connection with which the violations occurred. In addition, where the superintendent has determined that the violations were material to the sale, the insurer may be required to make restitution, restore policy or contract values and pay interest on the amount refunded in cash."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority
5 Replacement of life insurance and	(K)	Shall Not	"If any paragraph, term, or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair, or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041; R.C.3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-06	(C)	Shall	"This rule shall apply to all accelerated death benefit provisions of individual and group life insurance policies issued or delivered in this state on or after the effective date of this rule."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(C)	Shall Not	"This rule shall not apply to long-term care insurance or p	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(D)(2)	Shall	"(2) "Qualifying event" shall mean one or more of the following: (a) A medical condition which would result in a drastically limited life span; or (b) A medical condition which has required or requires extraordinary medical intervention, such as, but not limited to, major organ transplant or continuous artificial life support, without which the insured would die; or (c) Any condition which usually requires continuous confinement in an eligible institution as defined in the contract if the insured is expected to remain there for the rest of his or her life; or (d) A medical condition which would, in the absence of extensive or extraordinary medical treatment, result in a drastically limited life span. Such conditions may include, "but are not limited to," one or more of the following: (i) Coronary artery disease resulting in an acute infarction or requiring surgery; (ii) Permanent neurological deficit resulting from cerebral vascular accident; (iii) End stage renal failure; (iv) Acquired immune deficiency syndrome (AIDS); or (v) Other medical conditions which the superintendent shall approve for any particular filing; or (e) Other qualifying events which the superintendent shall approve for any particular filing. This includes, but is not limited to, chronic illness which is a permanent inability to perform, without substantial assistance from another individual, a specified number of activities of daily living (bathing, continence, dressing, eating, toileting and transferring), and/or permanent severe cognitive impairment and similar forms of dementia."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(D)(3)	Shall	"(3) "Drastically limited life span" shall mean a projected l	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(F)	Require	"Prior to the payment of the accelerated death benefit, the	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(G)(1)	Shall	"(G) Payment procedures. (1) The payment options shall include the option to receive the benefit in a lump sum and may include an option to receive the benefit in periodic payments for a period certain only. Periodic payments based on the continued survival or institutional confinement of the insured are prohibited."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(G)(2)	Shall	"(2) The policy or rider shall state that payment of the acc	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(H)	Shall Not	"If any death benefit remains after payment of an accelera	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(I)(1)	Shall	"(I) Disclosures. (1) Descriptive title. The term "accelerated death benefit" shall be included in the descriptive title. Products regulated under this rule shall not be described or marketed as long-term care insurance or as providing long-term care benefits."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(I)(2)	Require	"(2) Tax consequences. A disclosure statement is required	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority

3901-6-06	(I)(3)(a)	Shall	"3) Solicitations. (a) A written disclosure including, but not necessarily limited to, a brief description of the accelerated death benefit and definitions of the conditions or occurrences triggering payment of the benefits shall be given to the applicant. The description shall include an explanation and a generic illustration numerically demonstrating any effect of the payment of a benefit on the policy's cash value, account value, death benefit, premium, policy loans and policy liens. (i) In the case of agent solicited insurance, the agent shall provide the disclosure form to the applicant prior to or concurrently with the application. Acknowledgment of the disclosure shall be signed by the applicant and writing agent. (ii) In the case of a solicitation by direct response methods, the insurer shall provide the disclosure form to the applicant at the time the policy is delivered, with a notice that a full premium refund shall be received if the policy is returned to the company within the free look period. (iii) In the case of group insurance policies, the disclosure form shall be contained as part of the certificate of coverage or any related document furnished by the insurer for the certificateholder."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(I)(3)(b)(i)	Shall	"(b) Disclosure of premium charge. (i) Insurers with financing options other than as described in paragraphs (O)(1)(b) and (O)(1)(c) of this rule shall disclose to the policyowner any premium or cost of insurance charge for the accelerated death benefit. These insurers shall make a reasonable effort to assure that the certificateholder is aware of any additional premium or cost of insurance charge if the certificateholder is required to pay such charge. (ii) Insurers shall furnish an actuarial demonstration to the state insurance department when filing the product disclosing the method of arriving at their cost for the accelerated death benefit."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(I)(3)(c)	Shall	"(c) The insurer shall disclose to the policyowner any administrative expense charge. The insurer shall make a reasonable effort to assure that the certificateholder is aware of any administrative expense charge if the certificateholder is required to pay such charge."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(I)(4)	Shall	"(4) Effect of the benefit payment. When a policyowner or	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(J)	Shall	"(J) Effective date of accelerated death benefits. The accelerated death benefit provision shall be effective on the effective date of the policy or rider."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(K)	Shall	"(K) Waiver of premiums. The insurer may offer a waiver of premium for the accelerated death benefit provision in the absence of a regular waiver of premium provision being in effect. At the time the benefit is claimed, the insurer shall explain any continuing premium requirement to keep the policy in force."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(L)	Shall Not	"(L) Discrimination. Insurers shall not unfairly discriminate among insureds with differing qualifying events covered under the policy or among insureds with similar qualifying events covered under the policy. Insurers shall not apply further conditions on the payment of the accelerated death benefits other than those conditions specified in the policy or rider."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority

3901-6-06	(M)	Prohibit	"(M) Prohibited provisions The following provisions are prohibited in accelerated death benefit policy provisions or rider: (1) A requirement that the cause of the qualifying event first manifest itself or be diagnosed after issuance of the underlying policy or form, and (2) A waiting period requirement, and (3) A requirement that the underlying policy or rider be in force past the incontestable period, and (4) A provision that, upon acceleration of part of the policy death benefit, the insured forfeits the remainder of the policy death benefit, and (5) Exclusions or restrictions for an accelerated death benefit that are not also exclusions or restrictions in the underlying policy, and (6) A time frame within which proof of eligibility must be provided, and (7) Restrictions on the use of the accelerated death benefit proceeds."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(N)	Shall	"(N) Incontestability. The form shall be incontestable on the same, or more favorable basis, as the underlying policy." .	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(O)(1)(a)	Shall	"(a) The insurer may require a premium charge or cost of insurance charge for the accelerated death benefit. These charges shall be based on sound actuarial principles. In the case of group insurance, the additional cost may also be reflected in the experience rating."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(O)(1)(b)	Shall	"(b) The insurer may pay a present value of the face amount. The calculation shall be based on any applicable actuarial discount appropriate to the policy design."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(O)(1)(b)	Shall	"The interest rate or interest rate methodology used in the calculation shall be based on sound actuarial principles and disclosed in the contract or actuarial memorandum."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(O)(1)(b)	Shall	"The maximum Interest rate used shall be no greater than the greater of: (i) The current yield on ninety day treasury bills; or (ii) The current maximum statutory adjustable policy loan interest rate; or (iii) The policy loan interest rate stated in the contract."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(O)(1)(c)	Shall	"(c) The insurer may accrue an interest charge on the amount of the accelerated death benefits. The interest rate or interest rate methodology used in the calculation shall be based on sound actuarial principles and disclosed in the contract or actuarial memorandum."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(O)(1)(c)	Shall	"The maximum interest rate used shall be no greater than the greater of: (i) The current yield on ninety day treasury bills; or (ii) The current maximum statutory adjustable policy loan interest rate; or (iii) The policy loan interest rate stated in the contract."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(O)(1)(c)	Shall	"The interest rate accrued on the portion of the lien which is equal in amount to the cash value of the contract at the time of the benefit acceleration shall be no more than the policy loan interest rate stated in the contract."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority

3901-6-06	(O)(2)(a)	Shall	"(a) Except as provided in paragraph (O)(2)(b) of this rule, when an accelerated death benefit is payable, there shall be no more than a pro rata reduction in the cash value based on the percentage of death benefits accelerated to produce the accelerated death benefit payment."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(O)(3)	May Not	"(3) Effect of any outstanding policy loans on accelerated death benefit payment. When payment of an accelerated death benefit results in a pro rata reduction in the cash value, the payment may not be applied toward repaying an amount greater than a pro rata portion of any outstanding policy loans."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(P)(1)	Other - requires an action	"(1) Actuarial memorandum. A qualified actuary should describe the accelerated death benefits, the risks, the expected costs and the calculation of statutory reserves in an actuarial memorandum accompanying each state filing."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(P)(1)	Shall	"(P) Actuarial disclosure and reserves. (1) Actuarial memo	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(P)(2)(a)	Shall	"(a) When benefits are provided through the acceleration of benefits under group or individual life policies or riders to such policies, policy Reserves shall be determined in accordance with sections 3903.72 to 3903.7211 of the Revised Code and any other appropriate rules."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(P)(2)(a)	Shall	"All valuation assumptions used in constructing the reserves shall be determined as appropriate for statutory valuation purposes by a member in good standing of the American academy of actuaries."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(P)(2)(a)	Other - requires an action	"Mortality tables and interest approved for life insurance reserves by the superintendent may be used as well as appropriate assumptions for the other provisions incorporated in the policy form. The actuary must follow both actuarial standards and certification for good and sufficient reserves. Reserves in the aggregate should be sufficient to cover: (i) Policies upon which no claim has yet arisen; and (ii) Policies upon which an accelerated claim has arisen."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(P)(2)(c)	Other - requires an action	"(c) Policy liens and policy loans, including accrued interest, represent assets of the company for statutory reporting purposes. For any policy on which the policy lien exceeds the policy's statutory reserve liability such excess must be held as a non-admitted asset."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-06	(Q)	Shall	"(Q) Severability. If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041; R.C. 3915.24	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(D)(6)	Shall	"(6) "Guaranteed Maturity Premium" for flexible premium	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(D)(8)	Shall	"(8) "Maturity Amount" shall be the initial death benefit where the death benefit is level over the lifetime of the policy except for the existence of a minimum-death-benefit corridor, or shall be the specified amount where the death benefit equals a specified amount plus the account value or cash surrender value except for the existence of a minimum-death-benefit corridor."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority

3901-6-07	(E)(1)	Shall	"(E) Valuation. (1) Requirements. The minimum valuation	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(E)(2)	Shall	"(2) Alternative minimum reserves. If, in any policy year, the guaranteed maturity premium on any universal life insurance policy is less than the valuation net premium for such policy, calculated by the valuation method actually used in calculating the reserve thereon but using the minimum valuation standards of mortality and rate of interest, the minimum reserve required for such contract shall be the greater of (A) or (B) in this paragraph."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"(F) Nonforfeiture. (1) Minimum cash surrender values for	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"All accumulations shall be at the actual rate or rates of interest at which interest credits have been made unconditionally to the policy (or have been made conditionally, but for which the conditions have since been met), less any unamortized unused initial and additional expense allowances."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"Interest on the premiums and on all charges referred to in paragraphs (F)(1) (a) to (F)(1)(f) of this rule shall be accumulated from and to such dates as are consistent with the manner in which interest is credited in determining the account value."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"The benefit charges shall include the charges made for mortality and any charges made for riders or supplementary benefits for which premiums are not paid separately."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"If benefit charges are substantially level by duration and develop low or no cash values, then the superintendent shall have the right to require higher cash values unless the insurer provides adequate justification that the cash values are appropriate in relation to the policy's other characteristics."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"The administrative expense charges shall include charges per premium payment, charges per dollar of premium paid, periodic charges per thousand dollars of insurance, periodic per policy charges, and any other charges permitted by the policy to be imposed without regard to the policyowner's request for services."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"The averaged administrative expense charges for any year shall be those which would have been imposed in that year if the charge rate or rates for each transaction or period within the year had been equal to the arithmetic average of the corresponding charge rates which the policy states will be imposed in policy years two through twenty in determining the account value."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"The initial acquisition expense charges shall be the excess of the expense charges, other than service charges, actually made in the first policy year over the averaged administrative expense charges for that year."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"Additional acquisition expense charges shall be the excess of the expense charges, other than service charges, actually made in an insurance-increase year over the averaged administrative expense charges for that year."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority

3901-6-07	(F)(1)	Shall	"An insurance-increase year shall be the year beginning on the date of increase in the amount of insurance by policyowner request (or by the terms of the policy)."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"Service charges shall include charges permitted by the policy to be imposed as the result of a policyowner's request for a service by the insurer or of special transactions."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"The initial expense allowance shall be the allowance provided by divisions (D) and (E) of section 3915.07 of the Revised Code or by divisions (D)(1) and (D)(2) of section 3915.071 of the Revised Code, as applicable, for a fixed premium, fixed benefit endowment policy with a face amount equal to the initial face amount of the flexible premium universal life insurance policy, with level premiums paid annually until the highest attained age at which a premium may be paid under the flexible premium universal life insurance policy, and maturing on the latest maturity date permitted under the policy, if any, otherwise at the highest age in the valuation mortality table."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"The unused initial expense allowance shall be the excess, if any, of the initial expense allowance over the initial acquisition expense charges as defined in this rule."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"If the amount of insurance is subsequently increased upon request of the policyowner (or by the terms of the policy), an additional expense allowance and an unused additional expense allowance shall be determined on a basis consistent with this rule and with division (D)(4)(d) of section 3915.071 of the Revised Code, using the face amount and the latest maturity date permitted at that time under the policy."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"The unamortized unused initial expense allowance during the policy year beginning on the policy anniversary at age x+t (where "x" is the same issue age) shall be the unused initial expense allowance multiplied by $\ddot{a}_{x+t}/\ddot{a}_x$ where $\ddot{a}_{x+t}$ and $\ddot{a}_x$ are present values of an annuity of one per year payable on policy anniversaries beginning at ages x+t and x, respectively, and continuing until the highest attained age at which a premium may be paid under the policy, both on the mortality and interest bases guaranteed in the policy."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(1)	Shall	"An unamortized unused additional expense allowance shall be the unused additional expense allowance multiplied by a similar ratio of annuities, with $\ddot{a}_x$ replaced by an annuity beginning on the date as of which the additional expense allowance was determined."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(2)	Shall	"For fixed premium universal life policies, the minimum cash surrender values shall be determined separately for the basic policy and any benefits and riders for which premiums are paid separately."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority

3901-6-07	(F)(2)	Shall	"The minimum cash surrender value (before adjustment for indebtedness and dividend credits) available on a date as of which interest is credited to the policy shall be equal to ((A)-(B)-(C)-(D) in this paragraph), where: (A) is the present value of all future guaranteed benefits. (B) is the present value of future adjusted premiums. The adjusted premiums are calculated as described in divisions (D) and (E) of section 3915.07 of the Revised Code or divisions (D)(1) and (D)(2) of section 3915.071 of the Revised Code, as applicable. If divisions (D)(1) and (D)(2) of section 3915.071 of the Revised Code are applicable, the nonforfeiture net level premium is equal to the quantity PVFB/äx, Where PVFB is the present value of all benefits guaranteed at issue assuming future premiums are paid by the policyowner and all guarantees contained in the policy or declared by the insurer. äx is the present value of an annuity of one per year payable on policy anniversaries beginning at age x and continuing until the highest attained age at which a premium may be paid under the policy. (C) is the present value of any quantities analogous to the nonforfeiture net level premium which arise because of guarantees declared by the insurer after the issue date of the policy. äx shall be replaced by an annuity beginning on the date as of which the declaration became effective and payable until the end of the period covered by the declaration. (D) is the sum of any quantities analogous to (B) which arise because of structural changes in the policy."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(2)	Shall	"All present values shall be determined using (a) an interest rate (or rates) specified by section 3915.07 or 3915.071 of the Revised Code for policies issued in the same year and (b) the mortality rates specified by section 3915.07 or 3915.071 of the Revised Code for policies issued in the same year or contained in such other table as may be approved by the superintendent for this purpose."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(3)	Shall	"(3) Minimum paid-up nonforfeiture benefits. If a universal life insurance policy provides for the optional election of a paid-up nonforfeiture benefit, it shall be such that its present value shall be at least equal to the cash surrender value provided for by the policy on the effective date of the election. The present value shall be based on mortality and interest standards at least as favorable to the policyowner as (a) in the case of a flexible premium universal life insurance policy, the mortality and interest basis guaranteed in the policy for determining the account value, or (b) in the case of a fixed premium policy the mortality and interest standards permitted for paid-up nonforfeiture benefits by section 3915.07 or 3915.071 of the Revised Code. In lieu of the paid-up nonforfeiture benefit, the insurer may substitute, upon proper request not later than sixty days after the due date of the premium in default, an actuarially equivalent alternative paid-up nonforfeiture benefit which provides a greater amount or longer period of death benefits, or, if applicable, a greater amount or earlier payment of endowment benefits."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority

3901-6-07	(F)(3)	Other - requires an action	"To preserve equity between policies on a premium paying basis and on a paid-up basis, present values must comply with paragraph (E)(1) of this rule for flexible premium universal life insurance policies and with paragraph (F)(2) of this rule for fixed premium policies."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(F)(3)	Require	"A charge may be made at the surrender of the policy provided that the result after the deduction of the charge is not less than the minimum cash surrender value required by this paragraph."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(G)(1)	Shall	"The policy shall provide the following: (1) Periodic disclosure to policyowner. The policy shall provide that the policyowner will be sent, without charge, at least annually, a report which will serve to keep such policyowner advised as to the status of the policy. The end of the current report period must be not more than three months previous to the date of the mailing of the report. Such report shall include the following: (a) The beginning and end date of the current report period. (b) The account value at the end of the previous report period and at the end of current report period. (c) The total amounts which have been credited or debited to the account value during the current report period, identifying each by type (e.g., interest, mortality, expense and riders). (d) The current death benefit at the end of the current report period on each life covered by the policy. (e) The net cash surrender value of the policy as of the end of the current report period. (f) The amount of outstanding loans, if any, as of the end of the current report period. (g) For fixed premium policies: If, assuming guaranteed interest, mortality and expense loads and continued scheduled premium payments, the policy's net cash surrender value is such that it would not maintain insurance in force until the end of the next reporting period, a notice to this effect shall be included in the report. (h) For flexible premium policies: If, assuming guaranteed interest, mortality and expense loads, the policy's net cash surrender value will not maintain insurance in force until the end of the next	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(G)(2)	Shall	"(2) Policy guarantees. The policy shall provide guarantees of minimum interest credits and maximum mortality and expense charges. All values and data shown in the policy shall be based on guarantees. No figures based on nonguarantees shall be included in the policy. Minimum and maximum guarantees are in addition to any index guarantees. If "guaranteed" credits and/or charges are also the "current" credits and/or charges, such amounts may be included in the policy if clearly labeled. The maturity date is not considered a guarantee for purposes of this rule."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority

3901-6-07	(G)(3)	Shall	"(3) Calculation of cash surrender values. The policy shall contain at least a general description of the calculation of cash surrender values including the following information: (a) The guaranteed maximum expense charges and loads. (b) Any limitation on the crediting of additional interest. Interest credits shall not remain conditional for a period longer than twenty-four months. (c) The guaranteed minimum rate or rates of interest. (d) The guaranteed maximum mortality charges. (e) Any other guaranteed charges. (f) Any surrender or partial withdrawal charges."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(G)(3)	Must	"For fixed premium universal life insurance policies, a table of the cash surrender value and/or nonforfeiture benefits must be shown for the first twenty policy years or the terms of the policy, if shorter."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(G)(4)	Shall	"(4) Changes in basic coverage. If the policyowner has the right to change the basic coverage, any limitation on the amount or timing of such change shall be stated in the policy. If the policyowner has the right to increase the basic coverage, the policy shall state whether a new period of contestability and/or suicide is applicable to the additional coverage."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(G)(5)	Shall	"(5) Grace period and lapse. The policy shall provide for written notice to be sent to the policyowner's last known address at least thirty days prior to termination of coverage."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(G)(5)	Shall	"A flexible premium policy shall provide for a grace period of at least one month after lapse. Unless otherwise defined in the policy, lapse shall occur on that date on which the net cash surrender value first equals zero."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(G)(5)	Shall	"A fixed premium policy shall provide for a grace period of at least one month after lapse."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(G)(6)	Shall	"(6) Misstatement of age or sex. If there is a misstatement of age or sex in the policy, the amount of the death benefit shall be that which would be purchased by the most recent mortality charge at the correct age or sex. The superintendent may approve other methods which are deemed satisfactory."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(G)(7)	Shall	"(7) Maturity date. If a policy provides for a "maturity date," "end date," or similar date, then the policy shall also contain a statement, in close proximity to that date, that it is possible that coverage may not continue to the maturity date even if scheduled premiums are paid in a timely manner, if such is the case."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority

3901-6-07	(H)(1)	Shall	"(1) Initial filing requirements. The following information shall be submitted in connection with any filing of interest-indexed universal life insurance policies ("interest-indexed policies"). (a) A description of how the interest credits are determined, including: (i) A description of the index; (ii) The relationship between the value of the index and the actual interest rate to be credited; (iii) The frequency and timing of determining the interest rate; (iv) The allocation of interest credits, if more than one rate of interest applies to different portions of the policy value. (b) The insurer's investment policy, which includes a description of the following: (i) How the insurer addressed the reinvestment risks; (ii) How the insurer plans to address the risk of capital loss on cash outflows; (iii) How the insurer plans to address the risk that appropriate investments may not be available or not available in sufficient quantities; (iv) How the insurer plans to address the risk that the indexed interest rate may fall below the minimum contractual interest rate guaranteed in the policy; (v) The amount and type of assets currently held for interest-indexed policies; (vi) The amount and type of assets expected to be acquired in the future. (c) If policies are linked to an index for a specified period less than to the maturity date of the policy, a description of the method used (or currently contemplated) to determine interest credits upon the expiration of such period. (d) A description of any interest guarantee in addition to or in lieu of the index. (e) A description of any maximum	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(H)(2)	Shall	"(2) Additional filing requirements. (a) Annually, every insurer shall submit a statement of actuarial opinion by the insurer's actuary similar to the example contained in paragraph (H)(3) of this rule. (b) Annually, every insurer shall submit a description of the amount and type of assets currently held by the insurer with respect to its interest-indexed policies. (c) Prior to implementation, every domestic insurer shall submit a description of any material change in the insurer's investment strategy or method of determining the interest credits. A change is considered to be material if it would affect the form or definition of the index (i.e., any change in the information supplied in paragraph (H)(1) of this rule) or if it would significantly change the amount or type of assets held for interest-indexed policies. (d) The requirements of paragraphs (H)(2)(a) and (H)(2)(b) of this rule may be omitted if an actuarial opinion as defined in paragraph (G) of rule 3901-3-11 of the Administrative Code (actuarial opinion and memorandum) is filed annually."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority
3901-6-07	(I)	Shall	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041; R.C. 3903.72 to 3903.7211; R.C. 3915.05; R.C. 3915.07 to 3915.073; R.C. 3915.09; R.C. 3915.14; R.C. 3921.16	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(C)(5)	Shall	"(5) "Control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing more than ten per cent of the voting securities of any other person. This presumption may be rebutted by a showing made to the satisfaction of the superintendent that control does not exist in fact. The superintendent may determine, after furnishing all persons in interest notice and opportunity to be heard and making specific findings of fact to support such determination, that control exists in fact, notwithstanding the absence of a presumption to that effect."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(D)(1)	Require	"(D) Qualification of insurer to issue variable life insurance. The following requirements are applicable to all insurers either seeking authority to issue variable life insurance in this state or having authority to issue variable life insurance in this state. (1) Licensing and approval to do business in this state. An insurer shall not deliver or issue for delivery in this state any variable life insurance policy unless: (a) The insurer is licensed or organized to do a life insurance business in this state; (b) The insurer has obtained the written approval of the superintendent for the issuance of variable life insurance policies in this state. The superintendent shall grant such written approval only after he or she has found that: (i) The plan of operation for the issuance of variable life insurance policies is not unsound; (ii) The general character, reputation, and experience of the management and those persons or firms proposed to supply consulting, investment, administrative, or custodial services to the insurer are such as to reasonably assure competent operation of the variable life insurance business of the insurer in this state; and (iii) The present and foreseeable future financial condition of the insurer and its method of operation in connection with the issuance of such policies is not likely to render its operation hazardous to the public or its policyholders in this state. The superintendent shall consider, among other things: (a) The history of operation and financial condition of the insurer; (b) The qualifications, fitness, character, responsibility, reputation, and experience of	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(D)(2)	Require	"(D) Qualification of insurer to issue variable life insurance. The following requirements are applicable to all insurers either seeking authority to issue variable life insurance in this state or having authority to issue variable life insurance in this state. (2) Filing for approval to do business in this state. The superintendent may, at his or her discretion, require that an insurer, before it delivers or issues for delivery any variable life insurance policy in this state, file with this department the following information for the consideration of the superintendent in making the determination required by paragraph (D)(1)(b) of this rule:(a) Copies of and a general description of the variable life insurance policies it intends to issue; (b) A general description of the methods of operation of the variable life insurance business of the insurer, including methods of distribution of policies and the names of those persons or firms proposed to supply consulting, investment, administrative, custodial or distribution services to the insurer; (c) With respect to any separate account maintained by an insurer for any variable life insurance policy, a statement of the investment policy the issuer intends to follow for the investment of the assets held in such separate account, and a statement of procedures for changing such investment policy. The statement of investment policy shall include a description of the investment objectives intended for the separate account; (d) A description of any investment advisory services contemplated as required by paragraph (G)(10) of this rule; (e) A copy of	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(D)(3)	Require	"(D) Qualification of insurer to issue variable life insurance. The following requirements are applicable to all insurers either seeking authority to issue variable life insurance in this state or having authority to issue variable life insurance in this state. (3) Standards of suitability. Every insurer seeking approval to enter into the variable life insurance business in this state shall establish and maintain a written statement specifying the standards of suitability to be used by the insurer. Such standards of suitability shall specify that no recommendations shall be made to an applicant to purchase a variable life insurance policy and that no variable life insurance policy shall be issued in the absence of reasonable grounds to believe that the purchase of such policy is not unsuitable for such applicant on the basis of information furnished after reasonable inquiry of such applicant concerning the applicant's insurance and investment objectives, financial situation and needs, and any other information known to the insurer or to the agent making the recommendation."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(D)(4)	Require	"(D) Qualification of insurer to issue variable life insurance. The following requirements are applicable to all insurers either seeking authority to issue variable life insurance in this state or having authority to issue variable life insurance in this state. (4) Use of sales materials. An insurer authorized to transact variable life insurance business in this state shall not use any sales material, advertising material, or descriptive literature or other materials of any kind in connection with its variable life insurance business in this state which is false, misleading, deceptive, or inaccurate."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(D)(5)	Require	"(D) Qualification of insurer to issue variable life insurance. The following requirements are applicable to all insurers either seeking authority to issue variable life insurance in this state or having authority to issue variable life insurance in this state. (5) Requirements applicable to contractual services. Any material contract between an insurer and suppliers of consulting, investment, administrative, sales, marketing, custodial, or other services with respect to variable life insurance operations shall be in writing and provide that the supplier of such services shall furnish the superintendent with any information or reports in connection with such services which the superintendent may request in order to ascertain whether the variable life insurance operations of the insurer are being conducted in a manner consistent with this chapter and any other applicable laws or rules."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(D)(6)	Require	"(D) Qualification of insurer to issue variable life insurance. The following requirements are applicable to all insurers either seeking authority to issue variable life insurance in this state or having authority to issue variable life insurance in this state. (6) Reports to the superintendent. Any insurer authorized to transact the business of variable life insurance in this state shall submit to the superintendent, in addition to any other materials which may be required by this rule or any other applicable laws or rules:(a) An annual statement of the business of its separate account or accounts in such form as may be prescribed by the "National Association of Insurance Commissioners;" and (b) Prior to the use in this state, any information furnished to applicants as provided for in paragraph (H) of this rule; and (c) Prior to the use in this state, the form of any of the reports to policyholders as provided for in paragraph (J) of this rule; and (d) Such additional information concerning its variable life insurance operations or its separate accounts as the superintendent shall deem necessary. Any material submitted to the superintendent under paragraph (D)(6) of this rule shall be disapproved if it is found to be false, misleading, deceptive, or inaccurate in any material respect and, if previously distributed, the superintendent shall require the distribution of amended material."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(D)(7)	Require	"(D) Qualification of insurer to issue variable life insurance. The following requirements are applicable to all insurers either seeking authority to issue variable life insurance in this state or having authority to issue variable life insurance in this state. (7) Authority of superintendent to disapprove. Any material required to be filed with and approved by the superintendent shall be subject to disapproval if at any time it is found by him or her not to comply with the standards established by this rule."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(E)	Require	"(E) Insurance policy requirements. Policy qualification. The superintendent shall not approve any variable life insurance form filed pursuant to this rule unless it conforms to the requirements of paragraph (E) of this rule."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(E)(1)	Shall	"(1) Filing of variable life insurance policies. All variable life insurance policies, and all riders, endorsements, applications, and other documents which are to be attached to and made a part of the policy and which relate to the variable nature of the policy, shall be filed with the superintendent and approved by him or her prior to delivery or issuance for delivery in this state. (a) The procedures and requirements for such filing and approval shall be, to the extent appropriate and not inconsistent with this rule, the same as those otherwise applicable to other life insurance policies. (b) The superintendent may approve variable life insurance policies and related forms with provisions the superintendent deems to be not less favorable to the policyholder and the beneficiary than those required by this rule."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(E)(2)	Require	"(2) Mandatory policy benefit and design requirements. Variable life insurance policies delivered or issued for delivery in this state shall comply with the following minimum requirements:(a) Mortality and expense risks shall be borne by the insurer. The mortality and expense charges shall be subject to the maximums stated in the contract. (b) For scheduled premium policies, a minimum death benefit shall be provided in an amount at least equal to the initial face amount of the policy so long as premiums are duly paid subject to the provisions of paragraph (E) (4) of this rule. (c) The policy shall reflect the investment experience of one or more separate accounts established and maintained by the insurer. The insurer must demonstrate that the reflection of investment experience in the variable life insurance policy is actuarially sound. (d) Each variable life insurance policy shall be credited with the full amount of the net investment return applied to the benefit base. (e) Any changes in variable death benefits of each variable life insurance policy shall be determined at least annually. (f) The cash value of each variable life insurance policy shall be determined at least monthly. The method of computation of cash values and other non-forfeiture benefits, as described either in the policy or in a statement filed with the superintendent of the state in which the policy is delivered, or issued for delivery, shall be in accordance with actuarial procedures that recognize the variable nature of the policy. The method of computation must be such that, if the net investment	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(E)(3)	Shall	"(3) Mandatory policy provisions. Every variable life insurance policy filed for approval in this state shall contain at least the following: (a) The cover page or pages corresponding to the cover pages of each such policy shall contain: (i) A prominent statement in either contrasting color or in boldface type that the amount or duration of death benefits may be variable or fixed under specified conditions; (ii) A prominent statement in either contrasting color or in boldface type that cash values may increase or decrease in accordance with the experience of the separate account subject to any specified minimum guarantees; (iii) A statement describing any minimum death benefit required pursuant to paragraph (E)(2)(b) of this rule; (iv) The method, or a reference to the policy provision which describes the method, for determining the amount of insurance payable at death; (v) To the extent permitted by state law, a captioned provision that the policyholder may return the variable life insurance policy within ten days of receipt of the policy by the policyholder, and receive a refund equal to the sum of (a) the difference between the premiums paid including any policy fees or other charges and the amounts allocated to any separate accounts under the policy, and (b) the value of the amounts allocated to any separate accounts under the policy, on the date the returned policy is received by the insurer or its agent. Until such time as state law authorizes the return of payments as calculated in the preceding sentence, the amount of the refund shall be the total of all premium payments for such policy; (vi) Such	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(E)(4)	Shall	"(4) Policy loan provisions. Every variable life insurance policy, other than term insurance policies and pure endowment policies, delivered or issued for delivery in this state shall contain provisions which are not less favorable to the policyholder than a provision for policy loans after the policy has been in force for two full years which provides the following: (a) At least seventy-five per cent of the policy's cash surrender value may be borrowed. (b) The amount borrowed shall bear interest at a rate not to exceed that permitted by state insurance law. (c) Any indebtedness shall be deducted from the proceeds payable on death. (d) Any indebtedness shall be deducted from the cash surrender value upon surrender or in determining any non-forfeiture benefit. (e) For scheduled premium policies, whenever the indebtedness exceeds the cash surrender value, the insurer shall give notice of any intent to cancel the policy if the excess indebtedness is not repaid within thirty-one days after the date of mailing of such notice. For flexible premium policies, whenever the total charges authorized by the policy that are necessary to keep the policy in force until the next following policy processing day exceed the amounts available under the policy to pay such charges, a report must be sent to the policyholder containing the information specified by paragraph (J)(3) of this rule. (f) The policy may provide that if, at any time, so long as premiums are duly paid, the variable death benefit is less than it would have been if no loan or withdrawal had ever been made, the policyholder may increase such	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(E)(5)(c)	Shall	"(c) Policies issued on a participating basis shall offer to pay dividend amounts in cash. In addition, such policies may offer the following dividend options: (i) The amount of the dividend may be credited against premium payments; (ii) The amount of the dividend may be applied to provide amounts of additional fixed or variable benefit life insurance; (iii) The amount of the dividend may be deposited in the general account at a specified minimum rate of interest; (iv) The amount of the dividend may be applied to provide paid-up amounts of fixed benefit one-year term insurance; (v) The amount of the dividend may be deposited as a variable deposit in a separate account"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(F)(1)	Shall	"(1) Reserve liabilities for variable life insurance policies shall be established under section 3903.72 of the Revised Code in accordance with actuarial procedures that recognize the variable nature of the benefits provided and any mortality guarantees."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(F)(2)	Shall	"(2) Reserve liabilities for the guaranteed minimum death benefit shall be the reserve needed to provide for the contingency of death occurring when the guaranteed minimum death benefit exceeds the death benefit that would be paid in the absence of the guarantee, and shall be maintained in the general account of the insurer and shall be not less than the greater of the following minimum reserves: (a) The aggregate total of the term costs, if any, covering a period of one full year from the valuation date or, if less, covering the period provided for in the guarantee not otherwise provided for by the reserves held in the separate account, on each variable life insurance contract, assuming an immediate one-third depreciation in the current value of the assets in the separate account, followed by a net investment return equal to the assumed investment rate; or (b) The aggregate total of the "attained age level" reserves on each variable life insurance contract. The "attained age level" reserve on each variable life insurance contract shall not be less than zero and shall equal the "residue," as described in paragraph (F)(2)(b)(i) of this rule, of the prior year's "attained age level" reserve on the contract, with any such "residue," increased or decreased by a payment computed on an attained age basis as described in paragraph (F)(2)(b)(ii) of this rule. (i) The "residue" of the prior year's "attained age level" reserve on each variable life insurance contract shall not be less than zero and shall be determined by adding interest at the valuation interest rate to such prior year's reserve,	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(F)(2)	Shall	"(2) Reserve liabilities for the guaranteed minimum death benefit shall be the reserve needed to provide for the contingency of death occurring when the guaranteed minimum death benefit exceeds the death benefit that would be paid in the absence of the guarantee, and shall be maintained in the general account of the insurer and shall be not less than the greater of the following minimum reserves: (a) The aggregate total of the term costs, if any, covering a period of one full year from the valuation date or, if less, covering the period provided for in the guarantee not otherwise provided for by the reserves held in the separate account, on each variable life insurance contract, assuming an immediate one-third depreciation in the current value of the assets in the separate account, followed by a net investment return equal to the assumed investment rate; or (b) The aggregate total of the "attained age level" reserves on each variable life insurance contract. The "attained age level" reserve on each variable life insurance contract shall not be less than zero and shall equal the "residue," as described in paragraph (F)(2)(b)(i) of this rule, of the prior year's "attained age level" reserve on the contract, with any such "residue," increased or decreased by a payment computed on an attained age basis as described in paragraph (F)(2)(b)(ii) of this rule. (i) The "residue" of the prior year's "attained age level" reserve on each variable life insurance contract shall not be less than zero and shall be determined by adding interest at the valuation interest rate to such prior year's reserve,	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(F)(2)	Shall	"(2) Reserve liabilities for the guaranteed minimum death benefit shall be the reserve needed to provide for the contingency of death occurring when the guaranteed minimum death benefit exceeds the death benefit that would be paid in the absence of the guarantee, and shall be maintained in the general account of the insurer and shall be not less than the greater of the following minimum reserves: (a) The aggregate total of the term costs, if any, covering a period of one full year from the valuation date or, if less, covering the period provided for in the guarantee not otherwise provided for by the reserves held in the separate account, on each variable life insurance contract, assuming an immediate one-third depreciation in the current value of the assets in the separate account, followed by a net investment return equal to the assumed investment rate; or (b) The aggregate total of the "attained age level" reserves on each variable life insurance contract. The "attained age level" reserve on each variable life insurance contract shall not be less than zero and shall equal the "residue," as described in paragraph (F)(2)(b)(i) of this rule, of the prior year's "attained age level" reserve on the contract, with any such "residue," increased or decreased by a payment computed on an attained age basis as described in paragraph (F)(2)(b)(ii) of this rule. (i) The "residue" of the prior year's "attained age level" reserve on each variable life insurance contract shall not be less than zero and shall be determined by adding interest at the valuation interest rate to such prior year's reserve,	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(F)(3)	Shall	"(3) Reserve liabilities for all fixed incidental insurance benefits and any guarantees associated with variable incidental insurance benefits shall be maintained in the general account, and reserve liabilities for all variable aspects of the variable incidental insurance benefits shall be maintained in a separate account, in amounts determined in accordance with the actuarial procedures appropriate to such benefit."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(F)(3)	Shall	"(3) Reserve liabilities for all fixed incidental insurance benefits and any guarantees associated with variable incidental insurance benefits shall be maintained in the general account, and reserve liabilities for all variable aspects of the variable incidental insurance benefits shall be maintained in a separate account, in amounts determined in accordance with the actuarial procedures appropriate to such benefit."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(1)	Shall	"(1) Establishment and administration of separate accounts. Any domestic insurer issuing variable life insurance shall establish one or more separate accounts pursuant to section 3907.15 of the Revised Code."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(1)(a)	Shall	"(a) If no law or other regulation provides for the custody of separate account assets and if such insurer is not the custodian of such separate account assets, all contracts for custody of such assets shall be in writing, and the superintendent shall have authority to review and approve of both the terms of any such contract and the proposed custodian prior to the transfer of custody."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(1)(b)	Shall	"(b) Such insurer shall not, without the prior written approval of the superintendent, employ in any material connection with the handling of separate account asset any person who: (i) Within the last ten years has been convicted of any felony or a misdemeanor arising out of such person's conduct involving embezzlement, fraudulent conversion, or misappropriation of funds or securities or involving violation of section 1341, 1342, or 1343 of Title 18, United States Code; or (ii) Within the last ten years has been found by any state regulatory authority to have violated or has acknowledged violation of any provision of any state insurance law involving fraud, deceit, or knowing misrepresentation; or (iii) Within the last ten years has been found by federal or state regulatory authorities to have violated or has acknowledged violation of any provision of federal or state securities laws involving fraud, deceit, or knowing misrepresentation."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(1)(c)	Shall	"(c) All persons with access to the cash, securities, or other assets of the separate account shall be under bond in the amount of not less than the following amounts:"	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(1)(d)	Shall	"(d) The assets of such separate accounts shall be valued at least as often as variable benefits are determined, but in any event at least monthly."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(2)	Shall	"(2) Amounts in the separate account. The insurer shall maintain in each separate account assets with a value at least equal to the greater of the valuation reserves for the variable portion of the variable life insurance policies, or the benefit base for such policies."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(G)(3)(b)	Shall	"(b) The separate account shall have sufficient net investment income and readily marketable assets to meet anticipated withdrawals under policies funded by the account."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(4)(a)	Shall	"(4) Limitations on ownership. (a) A separate account shall not purchase or otherwise acquire the securities of any issuer, other than securities issued or guaranteed as to principal and interest by the United States, if immediately after such purchase or acquisition, the value of such investment, together with prior investments of such account in such security valued as required by this rule, would exceed ten per cent of the value of the assets of the separate account. To the extent permitted by state law, the superintendent may waive this limitation in writing if he or she believes such waiver will not render the operation of the separate account hazardous to the public or the policyholders in this state."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(4)(b)	Shall	"(b) No separate account shall purchase or otherwise acquire the voting securities of any issuer if, as a result of such acquisition, the insurer and its separate accounts, in the aggregate, will own more than ten per cent of the total issued and outstanding voting securities of such issuer. To the extent permitted by state law, the superintendent may waive this limitation in writing if he or she believes such waiver will not render the operation of the separate account hazardous to the public or the policyholders in this state, or jeopardize the independent operation of the issuer of such securities."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(4)(c)	Shall Not	"(c) The percentage limitation specified in paragraph (G)(4)(a) of this rule, shall not be construed to preclude the investment of the assets of separate accounts in shares of investment companies registered pursuant to the Investment Company Act of 1940, or other pools of investment assets, if the investments and investment policies of such investment companies or asset pools comply substantially with the provisions of paragraph (G)(3) of this rule and other applicable portions of this rule."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(5)	Shall	"(5) Valuation of separate account assets. Investments of the separate account shall be valued at their market value on the date of valuation, or at amortized cost if it approximates market value."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(G)(6)	Shall Not	"(6) Separate account investment policy. The investment policy of a separate account operated by a domestic insurer filed under paragraph (D)(2)(c) of this rule shall not be changed without first filing such change with the insurance superintendent. (a) Any change filed pursuant to this paragraph shall be effective sixty days after the date it was filed with the superintendent, unless the superintendent notifies the insurer before the end of such sixty-day period of his or her disapproval of the proposed change. At any time the superintendent may, after notice and public hearing, disapprove any change that has become effective pursuant to this paragraph. (b) The superintendent may disapprove the change if he or she determines that the change would be detrimental to the interests of the policyholders participating in such separate account."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(7)	Must	"(7) Charges against separate account. The insurer must disclose in writing, prior to or contemporaneously with delivery of the policy, all charges that may be made against the separate account, including, but not limited to, the following: (a) Taxes or reserves for taxes attributable to investment gains and income of the separate account; (b) Actual cost of reasonable brokerage fees and similar direct acquisition and sale costs incurred in the purchase or sale of separate account assets; (c) Actuarially determine costs of insurance (tabular costs) and the release of separate account liabilities; (d) Charges for administrative expenses and investment management expenses, including internal costs attributable to the investment management of assets of the separate account; (e) A charge, at a rate specified in the policy, for mortality and expense guarantees; (f) Any amounts in excess of those required to be held in the separate accounts; (g) Charges for incidental insurance benefits."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(8)	Shall	"(8) Standards of conduct. Every insurer seeking approval to enter into the variable life insurance business in this state shall adopt by formal action of its board of directors, a written statement specifying the standards of conduct of the insurer, its officers, directors, employees, and affiliates with respect to the purchase or sale of investments of separate accounts. Such standards of conduct shall be binding on the insurer and those to whom it refers. A code or codes of ethics meeting the requirements of section 17j under the Investment Company Act of 1940 and its applicable rules and regulations thereunder shall satisfy the provisions of this paragraph."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(9)	Shall	"(9) Conflicts of interest. Rules under any provision of the insurance laws of this state or any rule applicable to the officers and directors of insurance companies with respect to conflicts of interest shall also apply to members of any separate account's committee or other similar body."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(G)(10)	Shall Not	"(10) Investment advisory services to a separate account. An insurer shall not enter into a contract under which any person undertakes, for a fee, to regularly furnish investment advice to such insurer with respect to its separate accounts maintained for variable life insurance policies. . . ".	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(G)(10)	Require	"The superintendent may, after notice and opportunity for hearing, by order require such investment advisory contract to be terminated if he or she deems continued operation thereunder to be hazardous to the public or the insurer's policyholders."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(H)	Shall	"(H) Information furnished to applicants. An insurer delivering or issuing for delivery in this state any variable life insurance policies shall deliver the following to the applicant for the policy, and obtain a written acknowledgment of receipt from such applicant coincident with or prior to the execution of the application. The requirements of this paragraph shall be deemed to have been satisfied to the extent that a disclosure containing information required by this paragraph is delivered, either in the form of a prospectus included in the requirements of the Securities Act of 1933 and which was declared effective by the "Securities and Exchange Commission"; or all information and reports required by the employee retirement income Security Act of 1974 if the policies are exempted from the registration requirements of the Securities Act of 1933 pursuant to section 3 (a)(2) thereof. (1) A summary explanation, in non-technical terms, of the principal features of the policy, including a description of the manner in which the variable benefits will reflect the investment experience of the separate account and the factors which affect such variation. Such explanation must include notices of the provision required by paragraphs (E)(3)(a)(v) and (E)(3)(f) of this rule; (2) A statement of the investment policy of the separate account, including: (a) A description of the investment objectives intended for the separate account and the principal types of investments intended to be made; and (b) Any restriction or limitations on the manner in which the operations of the separate account are intended to be conducted. (2) A	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(I)	Shall	"(I) Applications. The application for a variable life insurance policy shall contain: (1) A prominent statement that the death benefit may be variable or fixed under specified conditions; (2) A prominent statement that cash values may increase or decrease in accordance with the experience of the separate account (subject to any specified minimum guarantees); and (3) Questions designed to elicit information which enables the insurer to determine the suitability of variable life insurance for the applicant."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(J)	Shall	"(J) Reports to policyholders. Any insurer delivering or issuing for delivery in this state any variable life insurance policies shall mail to each variable life insurance policyholder at his or her last known address the following reports: (1) Within thirty days after each anniversary of the policy, a statement or statements of the cash surrender value, death benefit, any partial withdrawal or policy loan, any interest charge, any optional payments allowed pursuant to paragraph (E)(4) of this rule under the policy computed as of the policy anniversary date. Provided, however, that such statement may be furnished within thirty days after a specified date in each policy year, so long as the information contained therein is computed as of a date not more than sixty days prior to the mailing of such notice. This statement shall state that, in accordance with the investment experience of the separate account, the cash values and the variable death benefits may increase or decrease, and shall prominently identify any value described therein which may be recomputed prior to the next statement required by this paragraph. If the policy guarantees that the variable death benefit on the next policy anniversary date will not be less than the variable death benefit specified in such statement, the statement shall be modified to so indicate. For flexible premium policies, the report must contain a reconciliation of the change since the previous report in cash value and cash surrender value, if different, because of payments made (less deductions for expense charges), withdrawals, investment experience,	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(L)(1)	Shall	"(1) Qualification to sell variable life insurance. (a) No person may sell or offer for sale in this state any variable life insurance policy unless such person is an agent and has filed with the superintendent, in a form satisfactory to the superintendent, evidence that such person holds any license or authorization which may be required for the solicitation or sale of variable life insurance. (b) Any examination administered by the department for the purpose of determining the eligibility of any person for licensing as an agent shall, after the effective date of this rule, include such questions concerning the history, purpose, regulation, and sale of variable life insurance as the superintendent deems appropriate."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(L)(2)	Shall	"(2) Reports of disciplinary actions. Any person qualified in this state under this rule to sell or offer to sell variable life insurance shall immediately report to the superintendent:(a) Any suspension or revocation of his agent's license in any other state or territory of the "United States"; (b) The imposition of any disciplinary sanction, including suspension or expulsion from membership, suspension, or revocation of or denial of registration, imposed upon him by any national securities exchange, or national securities association, or any federal, state, or territorial agency with jurisdiction over securities or variable life insurance; (c) Any judgment or injunction entered against him on the basis of conduct deemed to have involved fraud, deceit, misrepresentation, or violation of any insurance or securities law or regulation."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-6-08	(L)(3)	Shall	"(3) Refusal to qualify agent to sell variable life insurance; suspension, revocation, or nonrenewal of qualification: The superintendent may reject any application or suspend or revoke or refuse to renew any agent's qualification under this rule to sell or offer to sell variable life insurance upon any ground that would bar such applicant or such agent from being licensed to sell other life insurance contracts in this state. The rules governing any proceeding relating to the suspension or revocation of an agent's license shall also govern any proceeding for suspension or revocation of an agent's qualification to sell or to offer to sell variable life insurance."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-08	(M)	Shall	"(M) Severability. If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms or provisions shall be and continue in full force and effect."	R.C. 3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-6-10	(C)	Shall	"(C) This rule shall apply to all life insurance policies, with or without nonforfeiture values, issued on or after January 1, 2000, subject to the following exceptions and conditions."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(C)(1)(a)	Shall Not	"(a) This rule shall not apply to any individual life insurance policy issued on or after January 1, 2000 if the policy is issued in accordance with and as a result of the exercise of a reentry provision contained in the original life insurance policy of the same or greater face amount, issued before January 1, 2000, that guarantees the premium rates of the new policy. This rule also shall not apply to subsequent policies issued as a result of the exercise of such a provision, or a derivation of the provision, in the new policy."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(C)(1)(b)	Shall Not	"(b) This rule shall not apply to any universal life policy that meets all the following requirements: (i) Secondary guarantee period, if any, is five years or less; (ii) Specified premium for the secondary guarantee period is not less than the net level reserve premium for the secondary guarantee period based on the CSO valuation tables as defined in paragraph (D)(6) of this rule and the applicable valuation interest rate; and (iii) The initial surrender charge is not less than one hundred per cent of the first year annualized specified premium for the secondary guarantee period."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(C)(1)(c)	Shall Not	"(c) This rule shall not apply to any variable life insurance policy that provides for life insurance, the amount or duration of which varies according to the investment experience of any separate account or accounts."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(C)(1)(d)	Shall Not	"(d) This rule shall not apply to any variable universal life insurance policy that provides for life insurance, the amount or duration of which varies according to the investment experience of any separate account or accounts."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law

3901-6-10	(C)(1)(e)	Shall Not	"(e) This rule shall not apply to a group life insurance certificate unless the certificate provides for a stated or implied schedule of maximum gross premiums required in order to continue coverage in force for a period in excess of one year."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(C)(2)(a)	Shall	"(a) Calculation of the minimum valuation standard for policies with guaranteed non-level gross premiums or guaranteed non-level benefits (other than universal life policies), or both, shall be in accordance with the provisions of paragraph (F) of this rule."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(C)(2)(b)	Shall	"(b) Calculation of the minimum valuation standard for flexible premium and fixed premium universal life insurance policies, that contain provisions resulting in the ability of a policyholder to keep a policy in force over a secondary guarantee period, shall be in accordance with the provisions of paragraph (G) of this rule."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(D)(2)	Shall	(2) "The length of a particular contract segment shall be set equal to the minimum of the value t for which G_t is greater than R_t (if G_t never exceeds R_t the segment length is deemed to be the number of years from the beginning of the segment to the mandatory expiration date of the policy), where G_t and R_t are defined as follows: Whe $G_t = GP_{x+k-t} / GP_{x+k+t-1}$ x = Original issue age; k = The number of years from the date of issue to the beginning of the segment; t = 1, 2, ...; t is reset to 1 at the beginning of each segment; $GP_{x+k+t-1}$ = Guaranteed gross premium per thousand of face amount for year t of the segment, ignoring policy fees only if level for the premium paying period of the policy. However, R_t may be increased or decreased by one per cent in any policy year, at the company's option, but R_t shall not b $R_t = \cancel{QP_{x+k+t} / QP_{x+k+t-1}}\ \underline{Q_{x+k+t} / Q_{x+k+t-1}}$ Where: x, k, and t are defined above, and $Q_{x+k+t-1}$ = Valuation mortality rate for deficiency reserves in policy year k+t but using the mortality of paragraph (E)(2)(b) of this rule if paragraph (E)(2)(c) of this rule is elected for deficiency reserves	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law

3901-6-10	(D)(8)(a)-(d)	Other - requires an action	"(a) "Segmented reserves" means reserves, calculated using segments produced by the contract segmentation method, equal to the present value of all future guaranteed benefits less the present value of all future net premiums to the mandatory expiration of a policy, where the net premiums within each segment are a uniform percentage of the respective guaranteed gross premiums within the segment. The uniform percentage for each segment is such that, at the beginning of the segment, the present value of the net premiums within the segment equals: (i) The present value of the death benefits within the segment, plus (ii) The present value of any unusual guaranteed cash value (see paragraph (F)(4) of this rule) occurring at the end of the segment, less (iii) Any unusual guaranteed cash value occurring at the start of the segment, plus (iv) For the first segment only, the excess of the item (a) over item (b), as follows: (a) A net level annual premium equal to the present value, at the date of issue, of the benefits provided for in the first segment after the first policy year, divided by the present value, at the date of issue, of an annuity of one per year payable on the first and each subsequent anniversary within the first segment on which a premium falls due. However, the net level annual premium shall not exceed the net level annual premium on the nineteen-year premium whole life plan of insurance of the same renewal year equivalent level	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	
3901-6-10	(D)(11)(a)	Shall Not	"(11) (a) "Unitary reserves" means the present value of all future guaranteed benefits less the present value of all future modified net premiums where: (i) Guaranteed benefits and modified net premiums are considered to the mandatory expiration of the policy; and (ii) Modified net premiums are a uniform percentage of the respective guaranteed gross premiums, where the uniform percentage is such that, at issue, the present value of the net premiums equals the present value of all death benefits and pure endowments, plus the excess of item (a) over item (b), as follows: (a) A net level annual premium equal to the present value, at the date of issue, of the benefits provided for after the first policy year, divided by the present value, at the date of issue, of an annuity of one per year payable on the first and each subsequent anniversary of the policy on which a premium falls due. However, the net level annual premium shall not exceed the net level annual premium on the nineteen-year premium whole life plan of insurance of the same renewal year equivalent level amount at an age one year higher than the age at issue of the policy. (b) A net one year term premium for the benefits provided for in the first policy year.	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law

3901-6-10	(D)(11)(b)	May Not	"(11) (b) The interest rates used in the present value calculations for any policy may not exceed the maximum valuation interest rate, determined with a guarantee duration equal to the length from issue to the mandatory expiration of the policy."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(E)(2)(a),(b)and(c)	Other - requires an action	"(2) Deficiency reserves, if any, are calculated for each policy as the excess, if greater than zero, of the quantity A over the basic reserve. The quantity A is obtained by recalculating the basic reserve for the policy using guaranteed gross premiums instead of net premiums when the guaranteed gross premiums are less than the corresponding net premiums. At the election of the company for any one or more specified plans of insurance, the quantity A and the corresponding net premiums used in the determination of quantity A may be based upon the 1980 CSO valuation tables with select mortality factors (or any other valuation mortality table adopted by the NAIC after January 1, 2000 and promulgated by rule by the superintendent). If select mortality factors are elected, they may be: (a) The ten-year select mortality factors incorporated into the 1980 amendments to the "NAIC Standard Valuation Law;" (b) The select mortality factors in the appendix to this rule; (c) For durations in the first segment, X per cent of the select mortality factors in the appendix to this rule, subject to the following: (i) X may vary by policy year, policy form, underwriting classification, issue age, or any other policy factor expected to affect mortality experience; (ii) X is such that, when using the valuation interest rate used for basic reserves, item (a) is greater than or equal to item (b): (a) The actuarial present value of future death benefits,	R.D. 3901.041	No, general rulemaking authority	
3901-6-10	(E)(5)	Shall	"(5) Reserves for policies that have changes to guaranteed gross premiums, guaranteed benefits, guaranteed charges, or guaranteed credits that are unilaterally made by the insurer after issue and that are effective for more than one year after the date of the change shall be the greatest of the following:" (a) Reserves calculated ignoring the guarantee, (b) Reserves assuming the guarantee was made at issue, and (c) Reserves assuming that the policy was issued on the date of the guarantee.	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(E)(6)	Require	"(6) The commissioner may require that the company document the extent of the adequacy of reserves for specified blocks, including but not limited to policies issued prior to January 1, 2000. This documentation may include a demonstration of the extent to which aggregation with other nonspecified blocks of business is relied upon in the formation of the appointed actuary opinion pursuant to and consistent with the requirements of paragraph (F) of rule 3901-3-11 of the Administrative Code ("Actuarial Opinion and Memorandum.")"	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law

3901-6-10	(F)(1)	Shall	"(1) Basic reserves shall be calculated as the greater of the segmented reserves and the unitary reserves. Both the segmented reserves and the unitary reserves for any policy shall use the same valuation mortality table and selection factors. At the option of the insurer, in calculating segmented reserves and net premiums, either of the adjustments described in paragraph (F)(1)(a) or (F)(1)(b) of this rule may be made:"	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(F)(2)(a)-(d)	Shall	"(a) The deficiency reserve at any duration shall be calculated: (i) On a unitary basis if the corresponding basic reserve determined by paragraph (F)(1) of this rule is unitary; (ii) On a segmented basis if the corresponding basic reserve determined by paragraph (F)(1) of this rule is segmented; or (iii) On the segmented basis if the corresponding basic reserve determined by paragraph (F)(1) of this rule is equal to both the segmented reserve and the unitary reserve. (b) This subsection shall apply to any policy for which the guaranteed gross premium at any duration is less than the corresponding modified net premium calculated by the method used in determining the basic reserves, but using the minimum valuation standards of mortality (specified in paragraph (E)(2) of this rule) and rate of interest. (c) Deficiency reserves, if any, shall be calculated for each policy as the excess if greater than zero, for the current and all remaining periods, of the quantity A over the basic reserve, where A is obtained as indicated in paragraph (E)(2) of this rule. (d) For deficiency reserves determined on a segmented basis, the quantity A is determined using segment lengths equal to those determined for segmented basic reserves."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(F)(3)	May Not	"Basic reserves may not be less than the tabular cost of insurance for the balance of the policy year, if mean reserves are used. Basic reserves may not be less than the tabular cost of insurance for the balance of the current modal period or to the paid-to-date, if later, but not beyond the next policy anniversary, if mid-terminal reserves are used. The tabular cost of insurance shall use the same valuation mortality table and interest rates as that used for the calculation of the segmented reserves. However, if select mortality factors are used, they shall be the ten-year select factors incorporated into the 1980 amendments of the "NAIC Standard Valuation Law." In no case may total reserves (including basic reserves, deficiency reserves and any reserves held for supplemental benefits that would expire upon contract termination) be less than the amount that the policyowner would receive (including the cash surrender value of the supplemental benefits, if any, referred to above), exclusive of any deduction for policy loans, upon termination of the policy."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law

3901-6-10	(F)(4)(a)and(b)(partialtext)	Shall Not	"(a) For any policy with an unusual pattern of guaranteed cash surrender values, the reserves actually held prior to the first unusual guaranteed cash surrender value shall not be less than the reserves calculated by treating the first unusual guaranteed cash surrender value as a pure endowment and treating the policy as an n year policy providing term insurance plus a pure endowment equal to the unusual cash surrender value, where n is the number of years from the date of issue to the date the unusual cash surrender value is scheduled. (b) The reserves actually held subsequent to any unusual guaranteed cash surrender value shall not be less than the reserves calculated by treating the policy as an n year policy providing term insurance plus a pure endowment equal to the next unusual guaranteed cash surrender value, and treating any unusual guaranteed cash surrender value at the end of the prior segment as a net single premium, where...."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(F)(5)	Other - requires an action	(5) "At the option of the company, the following approach for reserves on YRT reinsurance may be used: (a) Calculate the valuation net premium for each future policy year as the tabular cost of insurance for that future year. (b) Basic reserves shall never be less than the tabular cost of insurance for the appropriate period, as defined in paragraph (F)(3) of this rule. (c) Deficiency reserves: (i) For each policy year, calculate the excess, if greater than zero, of the valuation net premium over the respective maximum guaranteed gross premium. (ii) Deficiency reserves shall never be less than the sum of the present values, at the date of valuation, of the excesses determined in accordance with paragraph (F)(5)(a)(i) of this rule. (d) For purposes of this subsection, the calculations use the maximum valuation interest rate and the 1980 CSO mortality tables with or without ten-year select mortality factors, or any other table adopted after January 1, 2000 by the NAIC and promulgated by rule by the superintendent for this purpose. (e) A reinsurance agreement shall be considered YRT reinsurance for purposes of this paragraph if only the mortality risk is reinsured. (f) If the assuming company chooses this optional exemption, the ceding company's reinsurance reserve credit shall be limited to the amount of reserve held by the	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(F)(6)(a)	Other - requires an action	(6) "At the option of the company, the following approach for reserves for attained-age-based YRT life insurance policies may be used: (a) Calculate the valuation net premium for each future policy year as the tabular cost of insurance for that future year.	R.C. 3901.041, 3903.72, 3903.723, 3903.724		

3901-6-10	(F)(6)(b)	Other - prohibits an action	(6) "At the option of the company, the following approach for reserves for attained-age-based YRT life insurance policies may be used: (b) Basic reserves shall never be less than the tabular cost of insurance for the appropriate period, as defined in paragraph (F)(3) of this rule.	R.C. 3901.041, 3903.72, 3903.723, 3903.724		
3901-6-10	(F)(6)(c)	Other - requires an action	(6) "At the option of the company, the following approach for reserves for attained-age-based YRT life insurance policies may be used: (c) Deficiency reserves. (i) For each policy year, calculate the excess, if greater than zero, of the valuation net premium over the respective maximum guaranteed gross premium. (ii) Deficiency reserves shall never be less than the sum of the present values, at the date of valuation, of the excesses determined in accordance with paragraph (F)(6)(c)(i) of this rule.	R.C. 3901.041, 3903.72, 3903.723, 3903.724		
3901-6-10	(F)(6)(d)	Other - requires an action	(6) "At the option of the company, the following approach for reserves for attained-age-based YRT life insurance policies may be used: (d) For purposes of this paragraph, the calculations use the maximum valuation interest rate and the 1980 CSO valuation tables with or without ten-year select mortality factors, or any other table adopted after January 1, 2000 by the NAIC and promulgated by rule by the superintendent for this purpose.	R.C. 3901.041, 3903.72, 3903.723, 3903.724		
3901-6-10	(F)(6)(e)	Shall	(6) "At the option of the company, the following approach for reserves for attained-age-based YRT life insurance policies may be used: (e) A policy shall be considered an attained-age-based YRT life insurance policy for purposes of this paragraph if: (i) The premium rates (on both the initial current premium scale and the guaranteed maximum premium scale) are based upon the attained age of the insured such that the rate for any given policy at a given attained age of the insured is independent of the year the policy was issued; and (ii) The premium rates (on both the initial current premium scale and the guaranteed maximum premium scale) are the same as the premium rates for policies covering all insureds of the same sex, risk class, plan of insurance and attained age.	R.C. 3901.041, 3903.72, 3903.723, 3903.724		

3901-6-10	(F)(6)(f)	Other - requires an action	(6) "At the option of the company, the following approach for reserves for attained-age-based YRT life insurance policies may be used: (f) For policies that become attained-age-based YRT policies after an initial period of coverage, the approach of this paragraph may be used after the initial period if: (i) The initial period is constant for all insureds of the same sex, risk class and plan of insurance; or (ii) The initial period runs to a common attained age for all insureds of the same sex, risk class and plan of insurance; and (iii) After the initial period of coverage, the policy meets the conditions of paragraph (F)(6)(e) of this rule.	R.C. 3901.041, 3903.72, 3903.723, 3903.724		
3901-6-10	(F)(6)(g)	Shall	(6) "At the option of the company, the following approach for reserves for attained-age-based YRT life insurance policies may be used: (g) If this election is made, this approach shall be applied in determining reserves for all attained-age-based YRT life insurance policies issued on or after January 1, 2000."	R.C. 3901.041, 3903.72, 3903.723, 3903.724		
3901-6-10	(F)(8)(b)	Shall	(8) "Unitary basic reserves and unitary deficiency reserves need not be calculated for a policy if the following conditions are met, based upon the initial current premium scale at issue:" "(b) Until the insured reaches the end of the juvenile period, which shall occur at or before age twenty-five, the gross premiums and death benefits are level, and there are no cash surrender values;"	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(G)(1)(b)	Shall	"(b) A secondary guarantee period is the period for which the policy is guaranteed to remain in force subject only to a secondary guarantee. When a policy contains more than one secondary guarantee, the minimum reserve shall be the greatest of the respective minimum reserves at that valuation date of each unexpired secondary guarantee, ignoring all other secondary guarantees. Secondary guarantees that are unilaterally changed by the insurer after issue shall be considered to have been made at issue. Reserves described in paragraphs (G)(2) and (G)(3) of this rule shall be recalculated from issue to reflect these changes."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(G)(1)(b)	Shall	"(b) A secondary guarantee period is the period for which the policy is guaranteed to remain in force subject only to a secondary guarantee. When a policy contains more than one secondary guarantee, the minimum reserve shall be the greatest of the respective minimum reserves at that valuation date of each unexpired secondary guarantee, ignoring all other secondary guarantees. Secondary guarantees that are unilaterally changed by the insurer after issue shall be considered to have been made at issue. Reserves described in paragraphs (G)(2) and (G)(3) of this rule shall be recalculated from issue to reflect these changes."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law

3901-6-10	(G)(1)(b)	Shall	"(b) A secondary guarantee period is the period for which the policy is guaranteed to remain in force subject only to a secondary guarantee. When a policy contains more than one secondary guarantee, the minimum reserve shall be the greatest of the respective minimum reserves at that valuation date of each unexpired secondary guarantee, ignoring all other secondary guarantees. Secondary guarantees that are unilaterally changed by the insurer after issue shall be considered to have been made at issue. Reserves described in paragraphs (G)(2) and (G)(3) of this rule shall be recalculated from issue to reflect these changes."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(G)(1)(d)	Other - requires an action	"(d) For purposes of this paragraph, the minimum premium for any policy year is the premium that, when paid into a policy with a zero account value at the beginning of the policy year, produces a zero account value at the end of the policy year. The minimum premium calculation shall use the policy cost factors (including mortality charges, loads and expense charges) and the interest crediting rate, which are all guaranteed at issue."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(G)(1)(e)	May Not	"(e) The one-year valuation premium means the net one-year premium based upon the original schedule of benefits for a given policy year. The one-year valuation premiums for all policy years are calculated at issue. The select mortality factors defined in paragraphs (E)(2)(b), (E)(2)(c) and (E)(2)(d) of this rule may not be used to calculate the one-year valuation premiums."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(G)(2)	Shall	(2) "Basic reserves for the secondary guarantees shall be the segmented reserves for the secondary guarantee period. In calculating the segments and the segmented reserves, the gross premiums shall be set equal to the specified premiums, if any, or otherwise to the minimum premiums, that keep the policy in force and the segments will be determined according to the contract segmentation method as defined in paragraph (D)(2) of this rule."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(G)(3)	Shall	"(3) Deficiency reserves for the secondary guarantees Deficiency reserves, if any, for the secondary guarantees shall be calculated for the secondary guarantee period in the same manner as described in paragraph (F)(2) of this rule with gross premiums set equal to the specified premiums, if any, or otherwise to the minimum premiums that keep the policy in force."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(G)(4)	Other - requires an action	(4) "The minimum reserves during the secondary guarantee period are the greater of: (a) The basic reserves for the secondary guarantee plus the deficiency reserve, if any, for the secondary guarantees; or (b) The minimum reserves required by other rules or regulations governing universal life plans."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law
3901-6-10	(H)	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041, 3903.72, 3903.723, 3903.724	Yes, state law	Yes, state law

3901-6-10						
3901-6-10.1	(E)	Other - requires an action	"For each plan of insurance with separate rates for smokers and nonsmokers an insurer may: (1) Use composite mortality tables to determine minimum reserve liabilities and minimum cash surrender values and amounts of paid-up nonforfeiture benefits; (2) Use smoker and nonsmoker mortality tables to determine the valuation net premiums and additional minimum reserves, if any, required by section 3903.72 of the Revised Code and use composite mortality tables to determine the basic minimum reserves, minimum cash surrender values and amounts of paid-up nonforfeiture benefits;(3) Use smoker and nonsmoker mortality tables to determine minimum reserve liabilities and minimum cash surrender values and amounts of paid-up nonforfeiture benefits; or(4) Use smoker and nonsmoker mortality tables, without electing the 1980 "CSO" as a valuation basis, to determine valuation net premium and additional minimum reserves for plans of term insurance which have no cash values and which are reserved on the 1958 "CSO" mortality table."	R.C. 3901.041. 3915.07, 3915.071 and 3903.72	Yes, state law	Yes, state law
3901-6-10.1	(E)(2)	Other - requires an action	"For each plan of insurance with separate rates for smokers and nonsmokers an insurer may: (2) Use smoker and nonsmoker mortality tables to determine the valuation net premiums and additional minimum reserves, if any, required by section 3903.72 of the Revised Code and use composite mortality tables to determine the basic minimum reserves, minimum cash surrender values and amounts of paid-up nonforfeiture benefits;"	R.C. 3901.041, 3915.071 and 3903.72	Yes, state law	Yes, state law
3901-6-10.1	(F)	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041, 3915.071 and 3903.72	Yes, state law	Yes, state law

3901-6-10.2	(D)(2)(a)-(g)	Other - requires an action	(2) The following blendings will be considered as the basis for acceptable gender blended tables. However, other blendings shall be acceptable: (a) One hundred per cent male zero per cent female for tables to be designated as the "1980 CSO-A" and "1980 CET-A" tables. (b) Eighty per cent male twenty per cent female for tables to be designated as the "1980 CSO-B" and "1980 CET-B" tables. (c) Sixty per cent male forty per cent female for tables to be designated as the "1980 CSO-C" and "1980 CET-C" tables. (d) Fifty per cent male fifty per cent female for tables to be designated as the "1980 CSO-D" and "1980 CET-D" tables. (e) Forty per cent male sixty per cent female for tables to be designated as the "1980 CSO-E" and "1980 CET-E" tables. (f) Twenty per cent male eighty per cent female for tables to be designated as the "1980 CSO-F" and "1980 CET-F" tables. (g) Zero per cent male one hundred per cent female for tables to be designated as the "1980 CSO-G" and "1980 CET-G" tables.	R.C. 3901.041 and 3915.071	Yes, state law	Yes, state law
3901-6-10.2	(D)(2)	Other - prohibits an action	"The tables described in paragraphs (D)(2)(a) and (D)(2)(g) of this rule are not to be used with respect to policies issued on or after January 1, 1985, except where the proportion of persons insured is anticipated to be ninety per cent or more of one sex or the other or except for certain policies converted from group insurance. Such group conversions issued on or after January 1, 1986, must use mortality tables based on the blend of lives by sex expected for such policies if such group conversions may be required to comply with applicable state and/or federal laws regarding discrimination based on gender."	R.C. 3901.041 and 3915.071	Yes, state law	Yes, state law

3901-6-10.2	(E)(2)	Other - requires an action	The following blended mortality tables will be considered acceptable: "SA:" one hundred per cent male zero per cent female smoker tables designated as "1980 CSO-SA" and "1980 CET-SA" tables. "SB:" eighty per cent male twenty per cent female smoker tables designated as "1980 CSO-SB" and "1980 CET-SB" tables. "SC:" sixty per cent male forty per cent female smoker tables designated as "1980 CSO-SC" and "1980 CET-SC" tables. "SD:" fifty per cent male fifty per cent female smoker tables designated as "1980 CSO-SD" and "1980 CET-SD" tables. "SE:" forty per cent male sixty per cent female smoker tables designated as "1980 CSO-SE" and "1980 CET-SE" tables. "SF:" twenty per cent male eighty per cent female smoker tables designated as "1980 CSO-SF" and "1980 CET-SF" tables. "SG:" zero per cent male one hundred per cent female smoker tables designated as "1980 CSO-SG" and "1980 CET-SG" tables. "NA:" one hundred per cent male zero per cent female nonsmoker tables designated as "1980 CSO-NA" and "1980 CET-NA" tables. "NB:" eighty per cent male twenty per cent female nonsmoker tables designated as "1980 CSO-NB" and "1980 CET-NB" tables. "NC:" sixty per cent male forty per cent female nonsmoker tables designated as "1980 CSO-NC" and "1980 CET-NC"	R.C. 3901.041 and 3915.071	Yes, state law	Yes, state law
3901-6-10.2	(F)	Shall Not	"It shall not be a violation of section 3911.19 of the Revised Code for an insurer to issue the same kind of policy of life insurance on both a sex distinct and sex neutral basis."	R.C. 3901.041 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(D)(1)	Shall	(D) "(1) At the election of the company for any one or more specified plans of insurance and subject to the conditions stated in this rule, the 2001 CSO mortality table may be used as the minimum standard for policies issued on or after January 1, 2004 and before the date specified in paragraph (D)(2) of this rule to which division (B) of section 3903.723 and divisions (E) and (I) of section 3915.071 of the Revised Code and paragraphs (E)(1) and (E)(2) of rule 3901-6-10 of the Administrative Code are applicable. If the company elects to use the 2001 CSO mortality table, it shall do so for both valuation and nonforfeiture purposes."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(D)(2)	Shall	(D) "(2) Subject to the conditions stated in this rule, the 2001 CSO mortality table shall be used in determining minimum standards for policies issued on and after January 1, 2009, to which division (B) of section 3903.723 and divisions (E) and (I) of section 3915.071 of the Revised Code and paragraphs (E)(1) and (E)(2) of rule 3901-6-10 of the Administrative Code are applicable."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law

3901-6-11	(E)(1)(a)-(c)	Other - requires an action	(E) "(1) For each plan of insurance with separate rates for smokers and nonsmokers an insurer may use: (a) Composite mortality tables to determine minimum reserve liabilities and minimum cash surrender values and amounts of paid-up nonforfeiture benefits; (b) Smoker and nonsmoker mortality tables to determine the valuation net premiums and additional minimum reserves, if any, required by divisions (J) and (O) of section 3903.723 of the Revised Code and use composite mortality tables to determine the basic minimum reserves, minimum cash surrender values and amounts of paid-up nonforfeiture benefits; or (c) Smoker and nonsmoker mortality to determine minimum reserve liabilities and minimum cash surrender values and amounts of paid-up nonforfeiture benefits."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(E)(2)	Shall	(E) "(2) For plans of insurance without separate rates for smokers and nonsmokers the composite mortality tables shall be used."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(E)(4)	Shall	(E) "(4) When the 2001 CSO mortality table is the minimum reserve standard for any plan for a company, the actuarial opinion in the annual statement filed with the superintendent shall be based on an asset adequacy analysis as specified in rule 3901-3-11 of the Administrative Code (actuarial opinion and memorandum). The superintendent may exempt a company from this requirement if it only does business in this state and in no other state."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(F)(1)(a)	Other - requires an action	(F) Applicability of the 2001 CSO mortality table to rule 3901-6-10 of the Administrative Code (1) The 2001 CSO mortality table may be used in applying rule 3901-6-10 of the Administrative Code in the following manner, subject to the transition dates for use of the 2001 CSO mortality table in paragraph (D) of this rule (unless otherwise noted, the references in this paragraph are to rule 3901-6-10 of the Administrative Code): (a) Paragraph (C)(1)(b)(ii) of rule 3901-6-10 of the Administrative Code: the net level reserve premium is based on the ultimate mortality rates in the 2001 CSO mortality table.	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law

3901-6-11	(F)(1)(b)	Other - requires an action	(F) Applicability of the 2001 CSO mortality table to rule 3901-6-10 of the Administrative Code (1) The 2001 CSO mortality table may be used in applying rule 3901-6-10 of the Administrative Code in the following manner, subject to the transition dates for use of the 2001 CSO mortality table in paragraph (D) of this rule (unless otherwise noted, the references in this paragraph are to rule 3901-6-10 of the Administrative Code): (b) Paragraph (D)(2) of rule 3901-6-10 of the Administrative Code: all calculations are made using the 2001 CSO mortality rate, and, if elected, the optional minimum mortality standard for deficiency reserves stipulated in paragraph (F)(1)(d) of this rule. The value of "q subscript x+k+t-1" is the valuation mortality rate for deficiency reserves in policy year k+t, but using the unmodified select mortality rates if modified select mortality rates are used in the computation of deficiency reserves.	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(F)(1)(c)	Other - requires an action	(F) Applicability of the 2001 CSO mortality table to rule 3901-6-10 of the Administrative Code (1) The 2001 CSO mortality table may be used in applying rule 3901-6-10 of the Administrative Code in the following manner, subject to the transition dates for use of the 2001 CSO mortality table in paragraph (D) of this rule (unless otherwise noted, the references in this paragraph are to rule 3901-6-10 of the Administrative Code): (c) Paragraph (E)(1) of rule 3901-6-10 of the Administrative Code: the 2001 CSO mortality table is the minimum standard for basic reserves.	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(F)(1(d)	Other - requires an action	(F) Applicability of the 2001 CSO mortality table to rule 3901-6-10 of the Administrative Code (1) The 2001 CSO mortality table may be used in applying rule 3901-6-10 of the Administrative Code in the following manner, subject to the transition dates for use of the 2001 CSO mortality table in paragraph (D) of this rule (unless otherwise noted, the references in this paragraph are to rule 3901-6-10 of the Administrative Code): (d) Paragraph (E)(2) of rule 3901-6-10 of the Administrative Code: the 2001 CSO mortality table is the minimum standard for deficiency reserves. If select mortality rates are used, they may be multiplied by X per cent for durations in the first segment, subject to the conditions specified in paragraphs (E)(2)(c)(i) to (E)(2)(c)(vii) of rule 3901-6-10 of the Administrative Code. In demonstrating compliance with those conditions, the demonstrations may not combine the results of tests that utilize the 1980 CSO mortality table with those tests that utilize the 2001 CSO mortality table, unless the combination is explicitly required by rule or necessary to be in compliance with relevant actuarial standards of practice."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law

3901-6-11	(F)(1)(e)	Shall	(F) Applicability of the 2001 CSO mortality table to rule 3901-6-10 of the Administrative Code (1) The 2001 CSO mortality table may be used in applying rule 3901-6-10 of the Administrative Code in the following manner, subject to the transition dates for use of the 2001 CSO mortality table in paragraph (D) of this rule (unless otherwise noted, the references in this paragraph are to rule 3901-6-10 of the Administrative Code): (e) Paragraph (F)(3) of rule 3901-6-10 of the Administrative Code: the valuation mortality table used in determining the tabular cost of insurance shall be the ultimate mortality rates in the 2001 CSO mortality table. "	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(F)(1)(f)	Shall	(F) Applicability of the 2001 CSO mortality table to rule 3901-6-10 of the Administrative Code (1) The 2001 CSO mortality table may be used in applying rule 3901-6-10 of the Administrative Code in the following manner, subject to the transition dates for use of the 2001 CSO mortality table in paragraph (D) of this rule (unless otherwise noted, the references in this paragraph are to rule 3901-6-10 of the Administrative Code): (f) Paragraph (F)(5)(d) of rule 3901-6-10 of the Administrative Code: the calculations specified in paragraph (F)(5) of rule 3901-6-10 of the Administrative Code shall use the ultimate mortality rates in the 2001 CSO mortality table. "	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(F)(1)(g)	Shall	(F) Applicability of the 2001 CSO mortality table to rule 3901-6-10 of the Administrative Code (1) The 2001 CSO mortality table may be used in applying rule 3901-6-10 of the Administrative Code in the following manner, subject to the transition dates for use of the 2001 CSO mortality table in paragraph (D) of this rule (unless otherwise noted, the references in this paragraph are to rule 3901-6-10 of the Administrative Code): (g) Paragraph (F)(6)(d) of rule 3901-6-10 of the Administrative Code: the calculations specified in paragraph (F)(6) of rule 3901-6-10 of the Administrative Code shall use the ultimate mortality rates in the 2001 CSO mortality table. "	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(F)(1)(h)	Shall	(F) Applicability of the 2001 CSO mortality table to rule 3901-6-10 of the Administrative Code (1) The 2001 CSO mortality table may be used in applying rule 3901-6-10 of the Administrative Code in the following manner, subject to the transition dates for use of the 2001 CSO mortality table in paragraph (D) of this rule (unless otherwise noted, the references in this paragraph are to rule 3901-6-10 of the Administrative Code): (h) Paragraph (F)(7)(b) of rule 3901-6-10 of the Administrative Code: the calculations specified in paragraph (F)(7) of rule 3901-6-10 of the Administrative Code shall use the ultimate mortality rates in the 2001 CSO mortality table.	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law

3901-6-11	(F)(1)(i)	Shall	(F) Applicability of the 2001 CSO mortality table to rule 3901-6-10 of the Administrative Code (1) The 2001 CSO mortality table may be used in applying rule 3901-6-10 of the Administrative Code in the following manner, subject to the transition dates for use of the 2001 CSO mortality table in paragraph (D) of this rule (unless otherwise noted, the references in this paragraph are to rule 3901-6-10 of the Administrative Code): (i) Paragraph (G)(1)(a)(ii) of rule 3901-6-10 of the Administrative Code: the one-year valuation premium shall be calculated using the ultimate mortality rates in the 2001 CSO mortality table."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(F)(2)	Other - prohibits an action	"(2) Nothing in this paragraph shall be construed to expand the applicability of rule 3901-6-10 of the Administrative Code to include life insurance policies exempted under paragraph (C)(1) of rule 3901-6-10 of the Administrative Code."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(G)(3)	Shall Not	"(3) It shall not, in and of itself, be a violation of section 3901.21 of the Revised Code for an insurer to issue the same kind of policy of life insurance on both a sex-distinct and sex-neutral basis."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-11	(H)	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-12	(D)	Other - requires an action	"At the election of the company, for each calendar year of issue, for any one or more specified plans of insurance and subject to satisfying the conditions stated in this rule, the 2001 CSO preferred class structure mortality table may be substituted in place of the 2001 CSO smoker or nonsmoker mortality table as the minimum valuation standard for policies issued on or after January 1, 2007, or, with the consent of the superintendent, on or after September 18, 2003. No such election shall be made until the company demonstrates at least twenty per cent of the business to be valued on this table is in one or more of the preferred classes. A table from the 2001 CSO preferred class structure mortality table used in place of a 2001 CSO mortality table, pursuant to the requirements of this rule, will be treated as part of the 2001 CSO mortality table only for purposes of reserve valuation pursuant to the requirements of rule 3901-6-11 of the Administrative Code, (Recognition of the 2001 CSO mortality table for use in determining minimum reserve liabilities and nonforfeiture benefits)."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-12	(E)(1)	Other - requires an action	"(1) For each plan of insurance with separate rates for preferred and standard nonsmoker lives, an insurer may use the super preferred nonsmoker, preferred nonsmoker, and residual standard nonsmoker tables to substitute for the nonsmoker mortality table found in the 2001 CSO mortality table to determine minimum reserves. At the time of election and annually thereafter, except for business valued under the residual standard nonsmoker table, the appointed actuary shall certify that:	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law

3901-6-12	(E)(1)(a)	Shall	"(1) For each plan of insurance with separate rates for preferred and standard nonsmoker lives, an insurer may use the super preferred nonsmoker, preferred nonsmoker, and residual standard nonsmoker tables to substitute for the nonsmoker mortality table found in the 2001 CSO mortality table to determine minimum reserves. At the time of election and annually thereafter, except for business valued under the residual standard nonsmoker table, the appointed actuary shall certify that: (a) The present value of death benefits over the next ten years after the valuation date, using the anticipated mortality experience without recognition of mortality improvement beyond the valuation date for each class, is less than the present value of death benefits using the valuation basic table corresponding to the valuation table being used for that class."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-12	(E)(1)(b)	Shall	"(1) For each plan of insurance with separate rates for preferred and standard nonsmoker lives, an insurer may use the super preferred nonsmoker, preferred nonsmoker, and residual standard nonsmoker tables to substitute for the nonsmoker mortality table found in the 2001 CSO mortality table to determine minimum reserves. At the time of election and annually thereafter, except for business valued under the residual standard nonsmoker table, the appointed actuary shall certify that: (b) The present value of death benefits over the future life of the contracts, using anticipated mortality experience without recognition of mortality improvement beyond the valuation date for each class, is less than the present value of death benefits using the valuation basic table corresponding to the valuation table being used for that class.	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-12	(E)(2)	Other - requires an action	"(2) For each plan of insurance with separate rates for preferred and standard smoker lives, an insurer may use the preferred smoker and residual standard smoker tables to substitute for the Smoker mortality table found in the 2001 CSO mortality table to determine minimum reserves. At the time of election and annually thereafter, for business valued under the preferred smoker table, the appointed actuary shall certify that: (a) The present value of death benefits over the next ten years after the valuation date, using the anticipated mortality experience without recognition of mortality improvement beyond the valuation date for each class, is less than the present value of death benefits using the preferred smoker valuation basic table corresponding to the valuation table being used for that class."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	No, general rulemaking authority

3901-6-12	(E)(2)(a)	Shall	"(2) For each plan of insurance with separate rates for preferred and standard smoker lives, an insurer may use the preferred smoker and residual standard smoker tables to substitute for the Smoker mortality table found in the 2001 CSO mortality table to determine minimum reserves. At the time of election and annually thereafter, for business valued under the preferred smoker table, the appointed actuary shall certify that: (a) The present value of death benefits over the next ten years after the valuation date, using the anticipated mortality experience without recognition of mortality improvement beyond the valuation date for each class, is less than the present value of death benefits using the preferred smoker valuation basic table corresponding to the valuation table being used for that class."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	No, general rulemaking authority
3901-6-12	(E)(2)(b)	Shall	"(2) For each plan of insurance with separate rates for preferred and standard smoker lives, an insurer may use the preferred smoker and residual standard smoker tables to substitute for the Smoker mortality table found in the 2001 CSO mortality table to determine minimum reserves. At the time of election and annually thereafter, for business valued under the preferred smoker table, the appointed actuary shall certify that: (b) The present value of death benefits over the future life of the contracts, using anticipated mortality experience without recognition of mortality improvement beyond the valuation date for each class, is less than the present value of death benefits using the preferred smoker valuation basic table."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-12	(E)(3)	Shall	"(3) Unless exempted by the superintendent, every authorized insurer using the 2001 CSO preferred class structure table shall annually file with the superintendent, with the NAIC, or with a statistical agent designated by the NAIC and acceptable to the superintendent, statistical reports showing mortality and such other information as the superintendent may deem necessary or expedient for the administration of the provisions of this rule. The form of the reports shall be established by the superintendent or the superintendent may require the use of a form established by the NAIC or by a statistical agent designated by the NAIC and acceptable to the superintendent."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-12	(E)(3)	Shall	"(3) Unless exempted by the superintendent, every authorized insurer using the 2001 CSO preferred class structure table shall annually file with the superintendent, with the NAIC, or with a statistical agent designated by the NAIC and acceptable to the superintendent, statistical reports showing mortality and such other information as the superintendent may deem necessary or expedient for the administration of the provisions of this rule. The form of the reports shall be established by the superintendent or the superintendent may require the use of a form established by the NAIC or by a statistical agent designated by the NAIC and acceptable to the superintendent."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law

3901-6-12	(F)	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041, 3903.723 and 3915.071	Yes, state law	Yes, state law
3901-6-13	(A)	Require	"(1) The purpose of this rule is to require insurers, including fraternal benefit societies, to establish a system to supervise recommendations and to set forth standards and procedures for recommendations to consumers that result in transactions involving annuity products so that the insurance needs and financial objectives of consumers, at the time of the transaction, are appropriately addressed."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(C)(1)	Shall	"(1) This rule shall apply to any recommendation to purchase, exchange or replace an annuity made to a consumer by an insurance agent, or an insurer, where no agent is involved, that results in the purchase, exchange or replacement recommended."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(C)(2)	Other - prohibits an action	"(2) Nothing herein shall be construed to create or imply a private cause of action for a violation of this rule."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(D)((1)	Shall Not	" Unless otherwise specifically included, this rule shall not apply to transactions involving: (1) Direct response solicitations where there is no recommendation based on information collected from the consumer pursuant to this rule;"	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(D)(2)	Shall Not	"Unless otherwise specifically included, this rule shall not apply to transactions involving: (2) Contracts used to fund: (a) An employee pension or welfare benefit plan that is covered by the "Employee Retirement and Income Security Act" (ERISA); (b) A plan described by sections 401(a), 401(k), 403(b), 408(k) or 408(p) of the Internal Revenue Code, as amended, if established or maintained by an employer; (c) A government or church plan defined in section 414 of the Internal Revenue Code, a government or church welfare benefit plan, or a deferred compensation plan of a state or local government or tax exempt organization under section 457 of the Internal Revenue Code; (d) A nonqualified deferred compensation arrangement established or maintained by an employer or plan sponsor; (e) Settlements of or assumptions of liabilities associated with personal injury litigation or any dispute or claim resolution process; or (f) Formal prepaid funeral contracts, as defined in division (T) of section 4717.01 of the Revised Code, provided the consideration paid to purchase, exchange or replace the annuity is reasonable related to the price of the pre-need funeral contract, and a pre-need funeral contract is in place at the time the annuity is purchased, exchanged or replaced."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	

3901-6-13	(F)(1)(a)	Shall	"(F)(1) In recommending to a consumer the purchase, exchange or replacement of an annuity that results in another insurance transaction or series of insurance transactions, the insurance agent, or the insurer where no agent is involved, shall have reasonable grounds for believing that the recommendation is suitable for the consumer on the basis of the facts disclosed by the consumer as to the consumer's investments and other insurance products and as to the consumer's financial situation and needs, including the consumer's suitability information, and that there is a reasonable basis to believe all of the following: (a) The consumer has been reasonably informed of various features of the annuity, such as the potential surrender period and surrender charge, potential tax penalty if the consumer sells, exchanges, surrenders or annuitizes the annuity, mortality and expense fees, investment advisory fees, potential charges for and features of riders, limitations on interest returns, insurance and investment components and market risk;"	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(1)(b)	Shall	"(1) In recommending to a consumer the purchase, exchange or replacement of an annuity that results in another insurance transaction or series of insurance transactions, the insurance agent, or the insurer where no agent is involved, shall have reasonable grounds for believing that the recommendation is suitable for the consumer on the basis of the facts disclosed by the consumer as to the consumer's investments and other insurance products and as to the consumer's financial situation and needs, including the consumer's suitability information, and that there is a reasonable basis to believe all of the following: (b) The consumer would benefit from certain features of the annuity, such as tax-deferred growth, annuitization or death or living benefit;"	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(1)(c)	Shall	"(1) In recommending to a consumer the purchase, exchange or replacement of an annuity that results in another insurance transaction or series of insurance transactions, the insurance agent, or the insurer where no agent is involved, shall have reasonable grounds for believing that the recommendation is suitable for the consumer on the basis of the facts disclosed by the consumer as to the consumer's investments and other insurance products and as to the consumer's financial situation and needs, including the consumer's suitability information, and that there is a reasonable basis to believe all of the following: (c) The particular annuity as a whole, the underlying subaccounts to which funds are allocated at the time of purchase or exchange of the annuity, and riders and similar product enhancements, if any, are suitable (and in the case of an exchange or replacement, the transaction as a whole is suitable) for the particular consumer based on the consumer's suitability information; and"	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	

3901-6-13	(F)(1)(d)(i)-(iii)	Shall	"(1) In recommending to a consumer the purchase, exchange or replacement of an annuity that results in another insurance transaction or series of insurance transactions, the insurance agent, or the insurer where no agent is involved, shall have reasonable grounds for believing that the recommendation is suitable for the consumer on the basis of the facts disclosed by the consumer as to the consumer's investments and other insurance products and as to the consumer's financial situation and needs, including the consumer's suitability information, and that there is a reasonable basis to believe all of the following: (d) In the case of an exchange or replacement of an annuity, the exchange or replacement is suitable, including taking into consideration whether: (i) The consumer will incur a surrender charge, be subject to the commencement of a new surrender period, lose existing benefits (such as death, living or other contractual benefits), or be subject to increased fees, investment advisory fees or charges for riders and similar product enhancements; (ii) The consumer would benefit from product enhancements and improvements; and (iii) The consumer has had another annuity exchange or replacement and, in particular, an exchange or replacement within the preceding thirty-six months."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(2)	Shall	"(2) Prior to the execution of a purchase, exchange or replacement of an annuity resulting from a recommendation, an insurance agent, or an insurer where no agent is involved, shall make reasonable efforts to obtain the consumer's suitability information."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(3)	Shall Not	"(3) Except as permitted under paragraph (F)(4) of this rule, an insurer shall not issue an annuity recommended to a consumer unless there is a reasonable basis to believe the annuity is suitable based on the consumer's suitability information."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(4)(a)(i)-(iv)	Shall	"(a) Except as provided under paragraph (F)(4)(b) of this rule, neither an insurance agent, nor an insurer, shall have any obligation to a consumer under paragraph (F)(1) or (F)(3) of this rule related to any annuity transaction if: (i) No recommendation is made; (ii) A recommendation was made and was later found to have been prepared based on materially inaccurate information provided by the consumer; (iii) A consumer refuses to provide relevant suitability information and the annuity transaction is not recommended; or (iv) A consumer decides to enter into an annuity transaction that is not based on a recommendation of the insurer or the insurance agent."	R.C. 3901.041 and 3901.19 to 3901.26		
3901-6-13	(F)(4)(b)	Shall	"(b) An insurer's issuance of an annuity subject to paragraph (F)(4)(a) of this rule shall be reasonable under all the circumstances actually known to the insurer at the time the annuity is issued."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	

3901-6-13	(F)(5)(a)-(c)	Shall	"(5) An insurance agent or, where no insurance agent is involved, the responsible insurer representative, shall at the time of sale: (a) Make a record of any recommendation subject to paragraph (F)(1) of this rule; (b) Obtain a customer signed statement documenting a customer's refusal to provide suitability information, if any; and (c) Obtain a customer signed statement acknowledging that an annuity transaction is not recommended if a customer decides to enter into an annuity transaction that is not based on the insurance agent's or insurer's recommendation."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(6)(a)(i)	Shall	"(6) (a) An insurer shall establish a supervision system that is reasonably designed to achieve the insurer's and its insurance agents' compliance with this rule, including, but not limited to, the following: (i) The insurer shall maintain reasonable procedures to inform its insurance agents of the requirements of this rule and shall incorporate the requirements of this rule into relevant insurance agent training manuals;"	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(6(a)(ii)	Shall	"(6) (a) An insurer shall establish a supervision system that is reasonably designed to achieve the insurer's and its insurance agents' compliance with this rule, including, but not limited to, the following: (ii) The insurer shall establish standards for insurance agent product training and shall maintain reasonable procedures to require its insurance agents to comply with the requirements of paragraph (G) of this rule;"	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(6)(a)(iii)	Shall	"(6) (a) An insurer shall establish a supervision system that is reasonably designed to achieve the insurer's and its insurance agents' compliance with this rule, including, but not limited to, the following: (iii) The insurer shall provide product-specific training and training materials that explain all material features of its annuity products to its insurance agents;"	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	

3901-6-13	(F)(6)(a)(iv)	Shall	"(6) (a) An insurer shall establish a supervision system that is reasonably designed to achieve the insurer's and its insurance agents' compliance with this rule, including, but not limited to, the following: (iv) The insurer shall maintain procedures for review of each recommendation prior to issuance of an annuity that are designed to ensure that there is a reasonable basis to determine that a recommendation is suitable. Such review procedures may apply a screening system for the purpose of identifying selected transactions for additional review and may be accomplished electronically or through other means including, but not limited to, physical review. Such an electronic or other system may be designed to require additional review only of those transactions identified for additional review by the selection criteria;"	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(6)(a)(v)	Shall	"(6) (a) An insurer shall establish a supervision system that is reasonably designed to achieve the insurer's and its insurance agents' compliance with this rule, including, but not limited to, the following: (v) The insurer shall maintain reasonable procedures to detect recommendations that are not suitable. These may include, but are not limited to, confirmation of consumer suitability information, systematic customer surveys, interviews, confirmation letters and programs of internal monitoring. Nothing in this paragraph prevents an insurer from complying with this paragraph by applying sampling procedures, or by confirming suitability information after issuance or delivery of the annuity; and"	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(6)(a)(vi)	Shall	"(6) (a) An insurer shall establish a supervision system that is reasonably designed to achieve the insurer's and its insurance agents' compliance with this rule, including, but not limited to, the following: (vi) The insurer shall annually provide a report to senior management, including to the senior manager responsible for audit functions, which details a review, with appropriate testing, reasonably designed to determine the effectiveness of the supervision system, the exceptions found, and corrective action taken or recommended, if any."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(6)(b)(i)	Other - requires an action	"(i) Nothing in this paragraph restricts an insurer from contracting for performance of a function (including maintenance of procedures) required under paragraph (F)(6)(a) of this rule. An insurer is responsible for taking appropriate corrective action and may be subject to sanctions and penalties pursuant to paragraph (H) of this rule regardless of whether the insurer contracts for performance of a function and regardless of the insurer's compliance with paragraph (F)(6)(b)(ii) of this rule."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	

3901-6-13	(F)(6)(b)(ii)	Shall	"(ii) An insurer's supervision system under paragraph (F)(6)(a) of this rule shall include supervision of contractual performance under this paragraph. This includes, but is not limited to, the following: (a) Monitoring and, as appropriate, conducting audits to assure that the contracted function is properly performed; and (b) Annually obtaining a certification from a senior manager who has responsibility for the contracted function that the manager has a reasonable basis to represent, and does represent, that the function is properly performed."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(7)(a)	Shall Not	"(7) An insurance agent shall not dissuade, or attempt to dissuade, a consumer from: (a) Truthfully responding to an insurer's request for confirmation of suitability information;"	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(7)(b)	Shall Not	"(7) An insurance agent shall not dissuade, or attempt to dissuade, a consumer from: (b) Filing a complaint; or"	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(7)(c)	Shall Not	"(7) An insurance agent shall not dissuade, or attempt to dissuade, a consumer from: (c) Cooperating with the investigation of a complaint."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(8)(a)	Shall	"(a) Sales made in compliance with FINRA requirements pertaining to suitability and supervision of annuity transactions shall satisfy the requirements under this rule. This paragraph applies to FINRA broker-dealer sales of variable annuities and fixed annuities if the suitability and supervision is similar to those applied to variable annuity sales. However, nothing in this paragraph shall limit the insurance superintendent's ability to enforce (including investigate) the provisions of this rule."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(8)(a)	Other - prohibits an action	"(a) Sales made in compliance with FINRA requirements pertaining to suitability and supervision of annuity transactions shall satisfy the requirements under this rule. This paragraph applies to FINRA broker-dealer sales of variable annuities and fixed annuities if the suitability and supervision is similar to those applied to variable annuity sales. However, nothing in this paragraph shall limit the insurance superintendent's ability to enforce (including investigate) the provisions of this rule."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(F)(8)(b)	Shall	"(b) For paragraph (F)(8)(a) of this rule to apply, an insurer shall: (i) Monitor the FINRA member broker-dealer using information collected in the normal course of an insurer's business; and (ii) Provide to the FINRA member broker-dealer information and reports that are reasonably appropriate to assist the FINRA member broker-dealer to maintain its supervision system.	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	

3901-6-13	(F)(8)(b)	Shall	"(b) For paragraph (F)(8)(a) of this rule to apply, an insurer shall: (i) Monitor the FINRA member broker-dealer using information collected in the normal course of an insurer's business; and (ii) Provide to the FINRA member broker-dealer information and reports that are reasonably appropriate to assist the FINRA member broker-dealer to maintain its supervision system.	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(G)(1)	Shall Not	"(1) An insurance agent shall not solicit the sale of an annuity product unless the insurance agent has adequate knowledge of the product to recommend the annuity and the insurance agent is in compliance with the insurer's standards for product training. An insurance agent may rely on insurer-provided product-specific training standards and materials to comply with this paragraph."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(G)(2)(a)and(b)	Shall	"(2) In addition to the requirements in paragraph (G)(1) of this rule, insurance agents subject to this rule shall comply with the following continuing education requirements: (a) An insurance agent who engages in the sale, solicitation or negotiation of annuity products shall complete a one-time four credit training course provided by a department of insurance approved continuing education provider. (i) Insurance agents who hold a life insurance or variable annuity line of authority on the effective date of this rule and who desire to sell annuities shall complete the annuity training course required under paragraph (G)(2)(a) of this rule within six months after the effective date of this rule. (ii) Insurance agents who hold a life insurance or variable annuity line of authority on the effective date of this rule, but did not complete the annuity training course requirements within six months after the effective date of this rule may not engage in the sale of annuities until the annuity training course required under paragraph (G)(2)(a) of this rule has been completed. (iii) Individuals who obtain a life insurance or variable annuity line of authority after the effective date of this rule may not engage in the sale of annuities until the annuity training courses required under paragraphs (G)(1) and (G)(2) of this rule have been completed. (b) The minimum length of the training required under paragraph (G)(2) of this rule shall be sufficient to qualify for at least four CE credits, but may be longer."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	

3901-6-13	(G)(2)(c)	Shall	"(2) In addition to the requirements in paragraph (G)(1) of this rule, insurance agents subject to this rule shall comply with the following continuing education requirements: (c) The training required under this paragraph shall include information on the following topics: (i) The types of annuities and various classifications of annuities; (ii) Identification of the parties to an annuity; (iii) How fixed, variable and indexed annuity contract provisions affect consumers; (iv) The application of income taxation of qualified and non-qualified annuities; (v) The primary uses of annuities; and (vi) Appropriate sales practices, replacement and disclosure requirements."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(G)(2)(d)	Shall	"(2) In addition to the requirements in paragraph (G)(1) of this rule, insurance agents subject to this rule shall comply with the following continuing education requirements: (d) Providers of courses intended to comply with paragraph (G)(2) of this rule shall cover all topics listed in the prescribed outline and shall not present any marketing information or provide training on sales techniques or provide specific information about a particular insurer's products. Additional topics may be offered in conjunction with and in addition to the required outline."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(G)(2)(e)	Shall	"(2) In addition to the requirements in paragraph (G)(1) of this rule, insurance agents subject to this rule shall comply with the following continuing education requirements:(e) A provider of an annuity training course intended to comply with paragraph (G)(2)(a) of this rule shall register as a CE provider in this state and comply with the rules and guidelines applicable to insurance agent and continuing education courses as set forth in rule 3901-5-02 of the Administrative Code."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(G)(2)(g)	Shall	"(2) In addition to the requirements in paragraph (G)(1) of this rule, insurance agents subject to this rule shall comply with the following continuing education requirements: (g) Providers of annuity training shall comply with the reporting requirements and shall issue certificates of completion in accordance with rule 3901-5-04 of the Administrative Code."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(G)(2)(h)	Shall	"(2) In addition to the requirements in paragraph (G)(1) of this rule, insurance agents subject to this rule shall comply with the following continuing education requirements: (h) For Ohio non-resident agents, the satisfaction of the training requirements of another state that are substantially similar to the provisions of paragraph (G)(2)(a) of this rule shall be deemed to satisfy the training requirements of this paragraph in this state."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	

3901-6-13	(G)(2)(i)	Shall	"(2) In addition to the requirements in paragraph (G)(1) of this rule, insurance agents subject to this rule shall comply with the following continuing education requirements: (i) An insurer shall verify that an insurance agent has completed the four hour annuity training course required under paragraph (G)(2)(a) of this rule before allowing the agent to sell an annuity product for that insurer. An insurer may satisfy its responsibility under this paragraph by obtaining certificates of completion of the training course or obtaining reports provided by superintendent-sponsored database systems or vendors or from a reasonably reliable commercial database vendor that has a reporting arrangement with approved insurance education providers."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(I)(1)and(2)	Shall	"(1) Insurers, independent agencies, business entity agents and insurance agents shall maintain or be able to make available to the superintendent records of the information collected from the consumer and other information used in making the recommendations that were the basis for insurance transactions for eight years after the insurance transaction is completed by the insurer. An insurer is permitted, but shall not be required, to maintain documentation on behalf of an insurance agent. (2) Records required to be maintained by this rule may be maintained in paper, photographic, micro-process, magnetic, mechanical or electronic media or by any process that accurately reproduces the actual document."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-13	(J)	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, such judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041 and 3901.19 to 3901.26	Yes, federal law	
3901-6-14	(A)	Must	Purpose "The purpose of this rule is to provide standards for the disclosure of certain minimum information about annuity contracts to protect consumers and foster consumer education. The rule specifies the minimum information that must be disclosed, the method for disclosing it and the use and content of illustrations, if used, in connection with the sale of annuity contracts. The goal of this rule is to ensure that purchasers of annuity contracts understand certain basic features of annuity contracts."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(C)(3)	Shall	"Not withstanding paragraph (C)(2) of this rule, this rule shall apply to annuities used to fund a plan or arrangement that is funded solely by contributions an employee elects to make whether on a pre-tax or after-tax basis, and where the insurance company has been notified that plan participants may choose from among two or more fixed annuity providers and there is a direct solicitation of an individual employee by an agent for the purchase of an annuity contract. As used in this paragraph,direct solicitation shall not include any meeting held by an agent solely for the purpose of educating or enrolling employees in the plan or arrangement"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-14	(C)(5)(b)	Require	"Not withstanding paragraph (C)(5)(a) of this rule, the delivery of the buyer's guide is required in sales of variable annuities, and when appropriate, in sales of other registered products."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(C)(5)(c)	Shall	"Nothing in this paragraph shall limit the superintendent's ability to enforce the provisions of this rule or to require additional disclosure."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(E)(1)	Shall	Standards for the disclosure document and buyer's guide: "The applicant shall be given the buyer's guide that is appropriate for the annuity being offered for sale contained inappendix A, B or C to this rule. The variable annuity version contained in appendix A to this rule is acceptable in sales of variable annuities and any other securities registered annuities covered by this rule. The fixed annuity version contained in appendix B to this rule is acceptable in sales of fixed annuities, including fixed indexed annuities. The combination version contained in appendix C to this rule is acceptable in all sales. "	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(E)(2)	Shall	"Where the application for an annuity contract is taken in a face-to-face meeting, the applicant shall at or before the time of application be given both the disclosure document described in paragraph (E)(4) of this rule and the appropriate buyer's guide, as required in paragraph (E)(1) of this rule."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(E)(3)	Shall	"Where the application for an annuity contract is taken by means other than in a face-to-face meeting, the applicant shall be sent both the disclosure document and the appropriate buyer's guide, as required in paragraph (E)(1) of this rule, no later than five business days after the completed application is received by the insurer. "	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(E)(3)(a)(i)	Shall	"(a) With respect to an application received as a result of a direct solicitation through the mail: (i) Providing the appropriate buyer's guide, as required in paragraph (E) (1) of this rule, in a mailing inviting prospective applicants to apply for an annuity contract shall be deemed to satisfy the requirement that the buyer's guide be provided no later than five business days after receipt of the application."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(E)(3)(a)(ii)	Shall	"(a)With respect to an application received as a result of a direct solicitation through the mail: (ii)Providing a disclosure document in amailing inviting a prospective applicant to apply for an annuity contract shall be deemed to satisfy the requirement that the disclosure document be provided no later than five business days after receipt of the application."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(E)(3)(b)(i)	Shall	"(b)Withrespect to an application received via the internet: (i)Taking reasonable steps to make the appropriate buyer's guide, as required in paragraph (E)(1) of this rule, available for viewing and printing on the insurer's website shall be deemed to satisfy the requirement that the buyer's guide be provided no later than five business days of receipt of the application."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(E)(3)(b)(ii)	Shall	"(b)Withrespect to an application received via the internet: (ii)Taking reasonable steps to make thedisclosure document available for viewing and printing on the insurer's website shall be deemed to satisfy the requirement that the disclosure document beprovided no later than five business days after receipt of theapplication. "	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-14	(E)(4)	Shall	"Where the appropriate buyer's guide, as required in paragraph (E)(1) of this rule, and disclosure document are not provided at or before the time of application, a free look period of no less than fifteen days shall be provided for the applicant to return the annuity contract without penalty. This free look shall run concurrently with any other free look provided under state law or rule."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(E)(5)(a)(b)(c)(i-viii)(d)(e)	Shall	"(5)At a minimum, the following information shall be included in the disclosure document required to be provided under this rule: (a)The generic name of the contract, the company product name, if different, and form number, and the fact that it is an annuity; (b)The insurer's legal name and physical address, website and telephone number; (c)A description of the contract and its benefits, emphasizing its long-term nature, including examples where appropriate: (i)The guaranteed, and non-guaranteed elements of the contract, and their limitations, if any,including for fixed indexed annuities, the elements used to determine the index-based interest, such as the participation rates, caps, or spread, and an explanation of how they operate; (ii)An explanation of the initial crediting rate, or for fixed indexed annuities, an explanation of how the index-based interest is determined specifying any bonus or introductory portion, the duration of the rate and the fact that rates may change from time to time and are not guaranteed; (iii)Periodic income options both on a guaranteed and non-guaranteed basis; (iv)Any value reductions caused by withdrawals from or surrender of the contract; (v)How values in the contract can be accessed; (vi)The death benefit, if available and how it will be calculated; (vii)A summary of the federal tax status of the contract and any penalties applicable on withdrawal of values from the	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(E)(6)	Shall	"Insurers shall define terms used in the disclosure statement in language that facilitates the understanding by a typical person within the segment of the public to which the disclosure statement is directed. "	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(1)(a)-(c)	Other - requires an action	Standards for annuity illustrations "(1) An insurer or agent may elect to provide a consumer an illustration at any time, provided that the illustration is in compliance with this paragraph and: (a) Clearly labeled as an illustration; (b) Includes a statement referring consumers to the disclosure document and buyer's guide provided to them at time of purchase for additional information about their annuity; and (c) Is prepared by the insurer or third party using software that is authorized by the insurer prior to its use, provided that the insurer maintains a system of control over the use of illustrations."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(3)	Shall Not	"The illustration shall not be provided unless accompanied by the disclosure document referenced in paragraph (E) of this rule."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-14	(F)(4)(a)-(c)	Shall Not	"(4) When using an illustration, the illustration shall not: (a) Describe non-guaranteed elements in a manner that is misleading or has the capacity or tendency to mislead (b) State or imply that the payment or amount of non-guaranteed elements is guaranteed; or (c) Be incomplete."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(5)	Shall	"Costs and fees of any type shall be individually noted and explained."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(a)	Shall	"(6)An illustration shall conform to the following requirements: (a)The illustration shall be labeled with the date on which it was prepared;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(b)	Shall	"(b) Each page, including any explanatory notes or pages, shall be numbered and show its relationship to the total number of pages in the disclosure document (e.g., the fourth page of a seven-page disclosure document shall be labeled "page 4 of 7 pages");"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(c)	Shall	"(c)The assumed dates of premium receipt and benefit payout within a contract year shall be clearly identified;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(d)	Shall	"(d) If the age of the proposed insured is shown as a component of the tabular detail, it shall be issue age plus the numbers of years the contract is assumed to have been in force;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(e)	Shall	"(e) The assumed premium on which the illustrated benefits and values are based shall be clearly identified, including rider premium for any benefits being illustrated;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(f)	Shall	"(f)Any charges for riders or other contractfeatures assessed against the account value or the crediting rate shall berecognized in the illustrated values and shall be accompanied by a statementindicating the nature of the rider benefits or the contract features, andwhether or not they are included in the illustration";	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(g)	Shall	"(g) Guaranteed death benefits and values available upon surrender, if any, for the illustrated contract premium shall be shown and clearly labeled guaranteed";	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(h)	Shall	"(h) Except as provided in paragraph (F)(6)(v) of this rule the non-guaranteed elements underlying the non-guaranteed illustrated values shall be no more favorable than current non-guaranteed elements and shall not include any assumed future improvement of such elements. Additionally, non-guaranteed elements used in calculating non-guaranteed illustrated values at any future duration shall reflect any planned changes, including any planned changes that may occur after expiration of an initial guaranteed or bonus period;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-14	(F)(6)(i)(i)	Shall	"(i)In determining the non-guaranteed illustrated values for a fixed indexed annuity,the index-based interest rate and account value shall be calculated for three different scenarios: one to reflect historical performance of the index for the most recent ten calendar years; one to reflect the historical performance of the index for the continuous period of ten calendar years out of the last twenty calendar years that would result in the least index value growth (the"low scenario"); one to reflect the historical performance of the index for the continuous period of ten calendar years out of the last twenty calendar years that would result in the most index value growth (the "high scenario"). The following requirements apply: (i)The most recent ten calendar years and the last twenty calendar years are defined to endon the prior December thirty-one, except for illustrations prepared during the first three months of the year, for which the end date of the calendar year period may be the December thirty-one prior to the last full calendar year;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(i)(ii)	Shall Not	"(ii)If any index utilized in determination of an account value has not been in existence for at least ten calendar years, indexed returns for that index shall not be illustrated. If thefixed indexed annuity provides an option to allocate account value to more than one indexed or fixed declared rate account, and one or more of those indexes has not been in existence for at least ten calendar years, the allocation to such indexed account(s) shall be assumed to be zero;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(i)(iii)	Shall	"(iii)If any index utilized in determination of an account value has been in existence for at least ten calendar years but less than twenty calendar years, the ten calendar year periods that define the low and high scenarios shall be chosen from the exact number of years the index has been in existence;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(i)(iv)	Shall	"(iv)The non-guaranteed element(s), such as caps, spreads, participation rates or other interest crediting adjustments, used in calculating the non-guaranteed index-based interest rate shall be no more favorable than the corresponding current element(s);"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(i)(v)(a)	Shall	"(v) If a fixed indexed annuity provides an option to allocate the account value to more than one indexed or fixed declared rate account: (a) The allocation used in the illustration shall be the same for all three scenarios; and	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(i)(v)(b)	Shall	(b) The ten calendar year periods resulting in the least and greatest index growth periods shall be determined independently for each indexed account option.	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(i)(vi)	Shall	(vi) The geometric mean annual effective rate of the account value growth over the ten calendar year period shall be shown for each scenario;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(i)(vii)	Shall	(vii) If the most recent ten calendar year historical period experience of the index is shorter than the number of years needed to fulfill the requirement of paragraph (H) of this rule, the most recent ten calendar year historical period experience of the index shall be used for each subsequent ten calendar year period beyond the initial period for the purpose of calculating the account value for the remaining years of the illustration;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-14	(F)(6)(i)(viii)(a)-(c)	Shall Not	"(viii) The low and high scenarios: (a) Need not show surrender values (if different than account values); (b) Shall not extend beyond ten calendar years (and therefore are not subject to the requirements of paragraph (H) of this rule beyond paragraph (H)(1)(a) of this rule; and (c)May be shown on a separate page. A graphical presentation shall also be included comparing the movement of the account value over the ten calendar uear period for th low scenario, he high secnario and the most recent ten calendar year scenario."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(i)(ix)	Shall	"(ix) The low and high scenarios should reflect the irregular nature of the index performance and should trigger every type of adjustment to the index-based interest rate under the contract. The effect of the adjustments should be clear; for example, additional columns showing how the adjustment applied may be included. If an adjustment to the index-based interest rate is not triggered in the illustration (because no historical values of the index in the required illustration range would have triggered it), the illustration shall so state."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(j)	Shall	(j) The guaranteed elements, if any, shall be shown before corresponding non-guaranteed elements and shall be specifically referred to on any page of an illustration that shows or describes only the non-guaranteed elements (e.g., "see page 1 for guaranteed elements");	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(k)	Shall	(k)The account oraccumulation value of a contract, if shown, shall be identified by the namethis value is given in the contract being illustrated and shown in closeproximity to the corresponding value available upon surrender;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(l)	Shall	"(l) The value available upon surrender shall be identified by the name this value is given in the contract being illustrated and shall be the amount available to the contract owner in a lump sum after deduction of surrender charges, bonus forfeitures, contract loans, contract loan interest and application of any market value adjustment, as applicable;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(n)(i)-(iii)	Shall	"(n) Any illustration of non-guaranteed elements shall be accompanied by a statement indicating that: (i) The benefits and values are not guaranteed; (ii) The assumptions on which they are based are subject to change by the insurer; and (iii) Actual results may be higher or lower."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(o)	Shall	"(o) Illustrations based on non-guaranteed credited interest and non-guaranteed annuity income rates shall contain equally prominent comparisons to guaranteed credited interest and guaranteed annuity income rates, including any guaranteed and non-guaranteed participation rates, caps or spreads for fixed indexed annuities;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	Yes, both state and federal law	No, general rulemaking authority
3901-6-14	(F)(6)(p)	Shall Not	(p) The annuity income rate illustrated shall not be greater than the current annuity income rate unless the contract guarantees are in fact more favorable;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(q)	Shall	(q) Illustrations shall be concise and easy to read;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(r)	Shall	(r) Key terms shall be defined and then used consistently throughout the illustration;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(s)	Shall Not	(s) Illustrations shall not depict values beyond the maximum annuitization age or date;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(t)	Shall	(t) Annuitization benefits shall be based on contract values that reflect surrender charges or any other adjustments, if applicable;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-14	(F)(6)(u)	Shall	(u) Illustrations shall show both annuity income rates per one-thousand dollars and the dollar amounts of the periodic income payable; and	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(v)(i)	Shall Not	"(v) For participating immediate and deferred income annuities: (i) Illustrations shall not assume any future improvement in the applicable dividend scale (or scales, if more than one dividend scale applies, such as for a flexible premium annuity);"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(v)(ii)	Shall	(ii) Illustrations shall reflect the equitable apportionment of dividends, whether performance meets, exceeds or falls short of expectations;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(v)(iii)	Shall Not	(iii) If the dividend scale is based on a portfolio rate method, the portfolio rate underlying the illustrated dividend scale shall not be assumed to increase;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(v)(iv)(a)	Shall	"(iv) If the dividend scale is based on an investment cohort method, the illustrated dividend scale shall assume that reinvestment rates grade to long-term interest rates, subject to the following conditions: (a) Any assumptions as to future investment performance in the dividend formula shall be consistent with assumptions that are reflected in the marketplace within the normal range of analyst forecasts and investor behavior; these assumptions shall not be changed arbitrarily, notwithstanding changes in markets or economic conditions, and must be consistent with assumptions that the issuer uses with respect to other lines of business; and"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(v)(iv)(b)	Shall Not	"(b) The illustrated dividend scale shall assume that reinvestment rates grade to long-term interest rates, based on U.S. treasury bonds. For the purposes of this grading, the assumed long-term rates shall not exceed the rates calculated using the formula in paragraph (F)(6)(v)(iv)(c) of this rule, based on the time to maturity or reinvestment (the "Tenor") of the investments supporting the cohort of policies."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(v)(iv)(c)	Shall	"(c) Maximum long-term interest rates shall be calculated for tenors of three months (or less), five years, ten years and twenty years (or more), using U.S. treasury rates. For each tenor, the maximum long-term interest rate will vary over time, based on historical interest rates as they emerge. The formula for the maximum long-term interest rate is the average of the median bond rate over the last six hundred months and the average bond rate over the last one hundred twenty months, rounded to the nearest quarter of one per cent."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(v)(iv)(d)	Shall	"(d) The maximum long-term interest rate for a tenor shall be recalculated once per year, in January, using historical rates as of December thirty-one of the calendar year two years prior to the calendar year of the calculation date. The historical rate for each month is the rate reported for the last business day of the month."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(v)(iv)(e) (i)-(ii)	Shall	"(e) Grading to the maximum long-term interest rates shall take place over: (i) No less than twenty years from issue if U.S. treasury rates as of the illustration date are below the long-term rates, or (ii) No more than twenty years from issue if the U.S. treasury rates as of the illustration date are above the long-term rates."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-14	(F)(6)(v)(iv)(f)(i)-(ii)	Shall	"(f) When the ten year U.S. Treasury rate is less than the ten year maximum long-term interest rate, an additional illustrated dividend scale shall be presented. This additional illustrated dividend scale shall satisfy the following conditions: (i) Assume that reinvestment U.S. treasury rates do not exceed the initial investment U.S. treasury rates; and (ii) Illustrate dividends no less than half of the dividends illustrated under the current dividend scales. If paragraphs (F)(6)(v)(iv)(f)(i) and (F)(6)(v)(iv)(f)(ii) of this rule are in conflict - i.e., if half of the current dividends are greater than would be permitted by condition in paragraph (F)(6)(v)(iv)(f)(i) of this rule - then the reinvestment U.S. treasury rates shall equal the initial investment U.S. treasury rates."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(v)(iv)(g)	Other - prohibits an action	(g) The illustration shall include disclosure that is substantially similar to the following: The illustrated current dividend scale is based on interest rates that are assumed to gradually [increase/decrease] from current interest rates to long-term interest rates, over a period of [twenty] years. By regulation, the long-term assumed interest rates cannot and do not exceed the rates listed in column (c) of the table below. If the illustration contains an additional dividend scale pursuant to paragraph (F)(6)(v)(iv)(f) of this rule, then the illustration shall also include disclosure that is substantially similar to the following: The additional illustrated dividend scale is based on interest rates that are assumed not to increase and do not exceed the interest rates in column (b) of the table below."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(F)(6)(v)(iv)(g)	Shall	(g) The illustration shall include disclosure that is substantially similar to the following: The illustrated current dividend scale is based on interest rates that are assumed to gradually [increase/decrease] from current interest rates to long-term interest rates, over a period of [twenty] years. By regulation, the long-term assumed interest rates cannot and do not exceed the rates listed in column (c) of the table below. If the illustration contains an additional dividend scale pursuant to paragraph (F)(6)(v)(iv)(f) of this rule, then the illustration shall also include disclosure that is substantially similar to the following: The additional illustrated dividend scale is based on interest rates that are assumed not to increase and do not exceed the interest rates in column (b) of the table below."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-14	(G)(1)-(4)(a)-(b)	Shall	(G) An annuity illustration shall include a narrative summary that includes the following unless provided at the same time in a disclosure document: (1) A brief description of any contract features, riders or options, guaranteed and/or nonguaranteed, shown in the basic illustration and the impact they may have on the benefits and values of the contract; (2) A brief description of any other optional benefits or features that are selected, but not shown in the illustration and the impact they have on the benefits and values of the contract; (3) Identification and a brief definition of column headings and key terms used in the illustration; (4) A statement containing in substance the following: (a) For other than fixed indexed annuities: This illustration assumes the annuity's current nonguaranteed elements will not change. It is likely that they will change and actual values will be higher or lower than those in this illustration but will not be less than the minimum guarantees; and The values in this illustration are not guarantees or even estimates of the amounts you can expect from your annuity. Please review the entire "Disclosure Document" and "Buyer's Guide" provided with your "Annuity Contract" for more detailed information. (b) For fixed indexed annuities: This illustration assumes the index will repeat historical performance and that the annuity's current non-guaranteed elements, such as caps, spreads, participation rates or other interest crediting adjustments, will not change. It is likely that	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(G)(5)(a)	Shall	5) Additional explanations as follows: (a) Minimum guarantees shall be clearly explained;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(G)(5)(b)	Shall	(b) The effect on contract values of contract surrender prior to maturity shall be explained;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(G)(5)(c)	Shall	(c) Any conditions on the payment of bonuses shall be explained;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(G)(5)(d)	Shall	(d) For annuities sold as an IRA, qualified plan or in another arrangement subject to the required minimum distribution (RMD) requirements of the Internal Revenue Code, the effect of RMDs on the contract values shall be explained;	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(G)(5(f)(i)-(iv)	Shall	"(f) A brief description of the types of annuity income options available shall be explained, including: (i) The earliest or only maturity date for annuitization (as the term is defined in the contract); (ii) For contracts with an optional maturity date, the periodic income amount for at least one of the annuity income options available based on the guaranteed rates in the contract, at the later of age seventy or ten years after issue, but in no case later than the maximum annuitization age or date in the contract; (iii) For contracts with a fixed maturity date, the periodic income amount for at least one of the annuity income options available, based on the guaranteed rates in the contract at the fixed maturity date; and (iv) The periodic income amount based on the currently available periodic income rates for the annuity income option in paragraph (G)(5)(f) (ii) or (G)(5)(f)(iii) of this rule, if desired."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-14	(H)(1)-(3)	Shall	"(H) Following the narrative summary, an illustration shall include a numeric summary which shall include at minimum, numeric values at the following durations: (1) (a) First ten contract years; or (b) Surrender charge period if longer than ten years, including any renewal surrender charge period(s). (2) Every tenth contract year up to the later of thirty years or age seventy; and (3) (a) Required annuitization age; or (b) Required annuitization date.	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(I)(1)	Shall	"(I) If the annuity contains a market value adjustment, hereafter MVA, the following provisions apply to the illustration: (1) The MVA shall be referred to as such throughout the illustration;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(I)(2)	Shall	"(I) If the annuity contains a market value adjustment, hereafter MVA, the following provisions apply to the illustration: (2)The narrative shall include an explanation, in simple terms, of the potentialeffect of the MVA on the value available upon surrender; "	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(I)(3)	Shall	"(I)If the annuity contains a market valueadjustment, hereafter MVA, the following provisions apply to the illustration: (3)The narrative shall include anexplanation, in simple terms, of the potential effect of the MVA on the death benefit; "	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(I)(4)	Shall	"(I)If the annuity contains a market valueadjustment, hereafter MVA, the following provisions apply to the illustration: (4)A statement,containing in substance the following, shall be included: When you make a withdrawal the amount you receive may beincreased or decreased by a "Market Value Adjustment" (MVA). If interest rateson which the MVA is based go up after you buy your annuity, the MVA likely willdecrease the amount you receive. If interest rates go down, the MVA will likely increase the amount you receive."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(I)(5)	Shall	"(I)If the annuity contains a market valueadjustment, hereafter MVA, the following provisions apply to the illustration: (5)Illustrations shall describe both the upside and the downside aspects of the contract features relating to the market value adjustment; "	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(I)(6)	Shall	"(I) If the annuity contains a market value adjustment, hereafter MVA, the following provisions apply to the illustration: (6)The illustrative effect of the MVA shall be shown under at least one positive and one negative scenario. This demonstration shall appear on a separate page and be clearly labeled that it is information demonstrating the potential impact ofa MVA;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(I)(7)	Shall	"(I)If the annuity contains a market valueadjustment, hereafter MVA, the following provisions apply to the illustration: (7)Actual MVA floors andceilings as listed in the contract shall be illustrated; and"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-14	(I)(8)	Shall	"(I) If the annuity contains a market value adjustment, hereafter MVA, the following provisions apply to the illustration: (8)If the MVA has significantcharacteristics not addressed in paragraphs (I)(1) to (I)(6) of this rule, theeffect of such characteristics shall be shown in the illustration."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(J)(1)(a)-(f)	Shall	"(J) A narrative summary for a fixed indexed annuity illustration also shall include the following unless provided at the same time in a disclosure document: (1) An explanation, in simple terms, of the elements used to determine the index-based interest, including but not limited to, the following elements: (a) The "Index(es)" which will be used to determine the index-based interest; (b) The "Indexing Method" - such as point-to-point, daily averaging, monthly averaging; (c) The "Index Term" - the period over which indexed-based interest is calculated; (d) The "Participation Rate," if applicable; (e) The "Cap," if applicable; and (f) The "Spread," if applicable."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(I)(8)					
3901-6-14	(J)(2)	Shall	"(2) The narrative shall include an explanation, in simple terms, of how index-based interest is credited in the indexed annuity;"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(J)(3)	Shall	"(3) The narrative shall include a brief description of the frequency with which the company can re-set the elements used to determine the index-based credits, including the participation rate, the cap, and the spread, if applicable; and"	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(J)(4)(a)-(b)	Shall	"(4) If the product allows the contract holder to make allocations to declared-rate segment, then the narrative shall include a brief description of: (a) Any options to make allocations to a declared-rate segment, both for new premiums and for transfers from the indexed-based segments; and (b) Differences in guarantees applicable to the declared-rate segment and the indexed-based segments."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(K)(1)-(3	Shall	"(K)A numeric summary for a fixed indexed annuity illustration shall include, at a minimum, the following elements: (1)Theassumed growth rate of the index in accordance with paragraph (F)(6)(i) of this rule; (2)The assumed values for theparticipation rate, cap and spread, if applicable; and (3)The assumed allocation betweenindexed-based segments and declared-rate segment, if applicable, in accordancewith paragraph (F)(6)(i) of this rule."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(L)	Shall	"(L) If the contract is issued other than as applied for, a revised illustration conforming to the contract as issued shall be sent with the contract, except that non-substantive changes, including, but not limited to, changes in the amount of expected initial or additional premiums and any changes in amounts of exchanges pursuant to section 1035 of the Internal Revenue Code, rollovers or transfers, which do not alter the key benefits and features of the annuity as applied for will not require a revised illustration unless requested by the applicant."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	

3901-6-14	(M)(1)(a)-(d)	Shall	"(M) Report to contract owners (1)For annuities in the payout period that include non-guaranteed elements and for deferred annuities in the accumulation period, the insurer shall provide each contract owner with a report, at least annually, on the status of the contract that contains at least the following information: (a)The beginning and end date of the current report period; (b)The accumulation and cash surrender value, if any, at the end of the previous report period and at the end of the current report period; (c)The total amounts, if any, that have been credited, charged to the contract value or paid during the current report period; and (d)The amount of outstanding loans, if any, as of the end of the current report period."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(N)	Shall	(N)Penalties In addtion to any other panalties provided by the laws of this state, a violation of this rule by an inaurer or an agent shall be considered an unfair and deceptive trade practice and shall be subject ot any one or more penalties set forth in sections 3901.19 to 3901.221 of the Revised Code.	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(O)	Shall	(1) Insurers or insurance agents shall maintain or be able to make available to the superintendent records of the information collected from the consumer and other information provided in the disclosure statement (including illustrations) for eight years after the contract is delivered by the insurer. An insurer is permitted, but shall not be required, to maintain documentation on behalf of an insurance agent. (2) Records required to be maintained by this rule may be maintained in paper, photographic, micro-process, magnetic, mechanical or electronic media or by any process that accurately reproduces the actual document.	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	(P)	Shall Not	(P)Severability "If any paragraph, term or provision of this rule is adjudgedinvalid for any reason, the judgment shall not affect, impair or invalidate anyother paragraph, term or provision of this rule, but the remaining paragraphs,terms or provisions shall be and continue in full force and effect."	R.C. 3901.041, 3901.19, 3901.20, 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-14	Appendix 1		http://codes.ohio.gov/pdf/oh/admin/2019/3901-6-14_ph_ff_a_app1_20181105_0852.pdf			
3901-6-14	Appendix 2		http://codes.ohio.gov/pdf/oh/admin/2019/3901-6-14_ph_ff_a_app2_20181105_0852.pdf			
3901-6-14	Appendix 3		http://codes.ohio.gov/pdf/oh/admin/2019/3901-6-14_ph_ff_a_app3_20181105_0852.pdf			
3901-6-15	(A)	Require	(A)Purpose "The purpose of this rule is to establish for preneed insurance products minimum mortality standards for reserves and nonforfeiture values, and to require the use of the "1980 Commissioners Standard Ordinary (CSO) Life Valuation Mortality Table" for use in determining the minimum standard of valuation of reserves and the minimum standard nonforfeiture values for preneed insurance products."	3901.041, 3903.72, 3903.721 and 39015.071	No, general rulemaking authority	No, general rulemaking authority

3901-6-15	(D)(3)	Shall	(D)Definitions "(3)For the purposes of this rule, a preneed insurance contract is any life insurance policy or certificate that will be marketed and sold solely to fund preneed funeral contracts, as definedby division (T) of section 4717.01 of the Revised Code. The insurance company shall clearly identify the policy form as a preneed insurance contract at the time the form is filed for approvalwith the superintendent of insurance pursuant to section 3915.14 of the Revised Code. The status of the policy or contract as preneed insurance is determined at the time of issue in accordance with the policy form filing."	3901.041, 3903.72, 3903.721 and 39015.071	No, general rulemaking authority	No, general rulemaking authority
3901-6-15	(E)	Shall	(E) Minimum valuation mortality standards "For preneed insurance contracts, as defined in paragraph (D)(3) of this rule, the minimum mortality standard for determining reserve liabilities and nonforfeiture values for both male and female insureds shall be the "Ultimate 1980 CSO.""	3901.041, 3903.72, 3903.721 and 39015.071	No, general rulemaking authority	No, general rulemaking authority
3901-6-15	(F)(1)	Shall	(F) Minimum valuation interest rate standards "(1) The interest rates used in determining the minimum standard for valuation of preneed insurance shall be the calendar year statutory valuation interest rates as defined in section 3903.724 of the Revised Code."	3901.041, 3903.72, 3903.721 and 39015.071	No, general rulemaking authority	No, general rulemaking authority
3901-6-15	(F)(2)	Shall	"(2) The interest rates used in determining the minimum standard for nonforfeiture values for preneed insurance shall be the calendar year statutory nonforfeiture interest rates as defined in division (F) of section 3915.071 of the Revised Code."	3901.041, 3903.72, 3903.721 and 39015.071	No, general rulemaking authority	No, general rulemaking authority
3901-6-15	(G)(1)	Shall	(G)Minimum valuation method standards "(1)The method used in determining the standard for the minimum valuation of reserves of preneed insurance shall be the method defined in division (E) of section 3903.72 of the Revised Code."	3901.041, 3903.72, 3903.721 and 39015.071	No, general rulemaking authority	No, general rulemaking authority
3901-6-15	(G)(2)	Shall	"(2) The interest rates used in determining the minimum standard for nonforfeiture values for preneed insurance shall be the calendar year statutory nonforfeiture interest rates as defined in division (F) of section 3915.071 of the Revised Code."	3901.041, 3903.72, 3903.721 and 39015.071	No, general rulemaking authority	No, general rulemaking authority

3901-6-15	(H)(2)(a)-(c)	Shall	(H) Transition rules "(2) If an insurer elects to use the 2001 CSO as a minimum standard for any policy issued on or after the effective date of this rule and before January 1, 2012, the insurer shall provide, as a part of the actuarial opinion memorandum submitted in support of the company's asset adequacy testing, an annual written notification to the domiciliary commissioner. The notification shall include: (a) A complete list of all preneed policy forms that use the 2001 CSO as a minimum standard; (b) A certification signed by the appointed actuary stating that the reserve methodology employed by the company in determining reserves for the preneed policies issued after the effective date and using the 2001 CSO as a minimum standard, develops adequate reserves (for the purposes of this certification, the preneed insurance policies using the 2001 CSO as a minimum standard cannot be aggregated with any other policies.); and (c) Supporting information regarding the adequacy of reserves for preneed insurance policies issued after the effective date of this rule and using the 2001 CSO as a minimum standard for reserves."	3901.041, 3903.72, 3903.721 and 39015.071	No, general rulemaking authority	
3901-6-15	(H)(3)	Must	"(3)Preneedinsurance policies issued on or after January 1, 2012, must use the "Ultimate1980 CSO" in the calculation of minimum nonforfeiture values and minimum reserves."	3901.041, 3903.72, 3903.721 and 39015.071	No, general rulemaking authority	No, general rulemaking authority
3901-6-15	(I)	Shall Not	(I) Severability "If any paragraph, term or provision of this rule is adjudged invalid for any reason, such judgment shall not affect, impair, or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	3901.041, 3903.72, 3903.721 and 39015.071	No, general rulemaking authority	No, general rulemaking authority
3901-6-16	(D)	Shall	"Nothing herein shall be construed to create or imply a private cause of action for a violation of this rule."	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-16	(F)(1)	Shall	(F) Nonforfeiture standards for annuities "(1) Maturity date. For the purpose of the prospective test, notwithstanding the language of the contract, the maturity date shall be the later of the tenth contract anniversary or the contract anniversary following the annuitant's seventieth birthday. The contract anniversary used as the maturity date should be considered as the first day of the year following the contract anniversary (not including any premium payments for that year) and the discounting process should be determined on a curtate (full integral year) basis."	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-16	(F)(1)(a)	Shall	"(a) Maturity value used to demonstrate compliance with the prospective test shall be the contract account value."	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-16	(F)(1)(b)	Other - prohibits an action	"(b) No surrender charge is permitted on or past the maturity date."	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-16	(F)(2)	Shall	"(F)Nonforfeiturestandards for annuities (2)Non-levelguaranteed interest rates. If the contract has non-level interest rateguarantees over the period of time for which interest rates are guaranteed,then, for the purposes of the prospective test, the maturity value shall bediscounted at an interest rate not to exceed one per cent higher than the levelimputed interest rate that produces a maturity value equal to that produced bythe interest rates specified in the contract. The level imputed interest rate shall be derived such that gross considerations, net of any expense loadsspecified in the contract, accumulated at such level imputed interest rateequals gross consideration, net of any expense loads specified in the contractaccumulated at the rate or rates specified in the contract. "	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-16	(F)(3)	Shall	"(3) Rolling surrender charges. For contracts where surrender charge scales are measured from the date of each premium payment, minimum value compliance may be demonstrated assuming each premium payment is treated as a separate single premium contract. For purposes of determining the maturity date for each single premium, that date shall be the later of the tenth anniversary of the payment or the annuitant's seventieth birthday. If minimum value compliance is to be demonstrated in this fashion, the retrospective test minimum values shall be the greater of those based on the contract being treated either as a single contract providing for flexible premiums or as a single contract with each premium being considered a single premium contract."	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-16	(F)(5)(a)	Other - requires an action	(a) For purposes of demonstrating nonforfeiture compliance, the following requirements apply to bonus benefits: (i) For purposes of the retrospective test, any bonus amounts are not to be considered gross considerations; (ii) For purposes, of the prospective test, the bonus amount, accumulated at interest using the rate or rates specified in the contract, is to be considered part of the contract maturity value. The maturity value shall be discounted at an interest rate not to exceed one per cent higher than the level imputed interest rate that produces a maturity value equal to that produced by the interest rate or rates specified in the contract. The level imputed interest rate shall be derived such that gross considerations, net of any expense loads specified in the contract, accumulated at such level imputed interest rate equals gross considerations, net of any expense loads specified in the contract, plus the bonus accumulated at the rate or rates specified in the contract to the maturity date.	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-16	(F)(5)(c)	Shall	"(c) Notwithstanding paragraph (F)(5)(a) of this rule, annuitization bonuses that are simply an additional percentage applied to the account value at annuitization do not need to be considered part of the maturity value for the purpose of the prospective test but shall be disclosed in the contract."	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-6-16	(F)(6)	Must	"(6)Market valueadjustments. Contracts that contain a market value adjustment (MVA) must complywith the retrospective test including application of the MVA. For the purposesof the prospective test, the MVA may be disregarded."	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-6-16	(G)	Shall Not	(G) Severability "If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-7-01	(D)	Shall	"Each agent shall file, pursuant to paragraph (I) of this rule, either an independent annual review or an annual review claim of exemption on a form prescribed by the superintendent on or before January fifteenth for the preceding twelve month period ending August thirty-first. Either filing must include all supplementary forms prescribed by the superintendent."	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law
3901-7-01	(D)	Must	"Each agent shall file, pursuant to paragraph (I) of this rule, either an independent annual review or an annual review claim of exemption on a form prescribed by the superintendent on or before January fifteenth for the preceding twelve month period ending August thirty-first. Either filing must include all supplementary forms prescribed by the superintendent."	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law
3901-7-01	(E)	Shall	"Independent annual review Each agent that handles the funds of clients or third parties shall have an independent review made of all escrow accounts related to Ohio transactions each year and filed in accordance with paragraph (I) of this rulefor the preceding twelve month period ending August thirty-first unless exempted from review as provided by paragraph (F) of this rule."	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law

3901-7-01	(G)(1)	Must	Independent reviewer qualifications "(1)The independent reviewer must be a certified public accountant. "	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law
3901-7-01	(G)(2)	May Not	Independent reviewer qualifications "(2)The independent reviewer may not be an employee of a title insurance company nor may the reviewer be an employee of or hold an ownership interest in: (a)The business entity being reviewed, (b)In any affiliates ofthe business entity being reviewed, (c)In any owners of the business entitybeing reviewed, or (d)Anyfinancial institution or its affiliate in which one or more escrow accountssubject to review under this rule are held. "	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law
3901-7-01	(H)(1)	Shall	(H)Annual review "(1)The annual review, as required undersection 3953.33 of the Revised Code, shall be conducted by an independent reviewer as an agreed upon procedures engagement. "	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law

3901-7-01	(H)(2)	Shall	(H) Annual review (2)The review shall be constructed inaccordance with the guidelines set forth below. Where no exceptions are foundas a result of applying the procedure, the statement "no exceptions" should benoted. Where a procedure cannot be completed because the required informationis unavailable, the statement "information unavailable" should be noted andexplained in detail.	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law
3901-7-01	(H)(2)(a)	Other - requires an action	(H)Annual Review "(2)The review shall be constructed in accordance with the guidelines set forth below. Where no exceptions are found as a result of applying the procedure, the statement "no exceptions" should be noted. Where a procedure cannot be completed because the required information is unavailable, the statement "information unavailable" should be noted and explained in detail. (a)Obtain from the agent a listing of all agent depository institution accounts existing at anytime during the review period, including operating and other non-fiduciary accounts on the annual review supplementary form as prescribed by the superintendent for depository account information. Have the agent certify that the information on the supplementary form is complete and accurate."	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law
3901-7-01	(H)(2)(a)(i)	Other - requires an action	"(i)Report as specific findings all non-IOTA escrow accounts that do not have written instructions to either deposit the funds in an account for the benefit of a specific person or to pay the interestearned on the funds to a specific person."	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law

3901-7-01	(H)(2)(a)(ii)	Other - requires an action	"(ii)Report as a specific finding all non-IOTA escrow accounts in which any interest, in the form of cash or earnings credits, is retained by the agent. For the purpose of this rule, earnings credits means an adjustable dollar amount or factor based on the balance in a deposit account that reduces fees and charges on the account or otheraccount(s) or for other services provided by the depository institution."	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law
3901-7-01	(H)(2)(b)(i)-(xii)	Other - requires an action	"(b)Test the agent's three-way reconciliations (depository institution statement to book balance to open escrow trial balance) for the most recent monthly period the account existed on or before August thirty-first of the twelve month periodbeing reviewed and for one other randomly selected month of the period being reviewed for all agent escrow accounts including, without limitation, all multiple and individual customer escrow accounts (regular, special/interestbearing, etc.), and other fiduciary accounts. Exclude from review single customer/single purpose accounts opened under the customer's taxpayer identification number and section 1031 tax deferred exchanges opened under the customer's taxpayer identification number. If the agent does not prepare an open escrow trial balance, note the omission as a specific finding and test anyother type of depository institution reconciliation available. The test of the reconciliations should, include the following procedures: (i)Foot reconciliation and any supportingschedules; (ii)Compare depositoryinstitution balance per reconciliation with depository institution statementand have agent provide a written explanation of any differences on the annualreview supplementary form as prescribed by the superintendent for agentexplanations; (iii)Compare book balance per reconciliation with control account such as check book balance andhave agent provide a written explanation of any differences on the annualreview supplementary form as prescribed by the superintendent for agent explanations; (iv)Compare reconciled balances to the open escrow trial	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law

3901-7-01	(I)(1)(a)	Shall	(I) Filing (1)Required documents. (a)Each agent subject to the provisions of paragraph (E) of this rule shall file the original independent annual review together with all required supplementary information on forms prescribed by the superintendent."	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law
3901-7-01	(I)(1)(b)	Shall	"(b) Each agent exempt from the independent annual review requirements of section 3953.33 of the Revised Code by the provisions of paragraph (F) of this rule shall file an annual review exemption together with all required supplementary information on forms prescribed by the superintendent."	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law
3901-7-01	(I)(2)(a)	Shall	"(2)Procedure (a)Each agent shall file all required documents electronically unless unable to do so. "	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law

3901-7-01	(I)(2)(b)(i)	Shall	"(b)An agent unable to file the required documents electronically may make a paper filing: (i)All paper filings including the independent annual review shall be unbound, unstapled, and unfastened, printed single-side only on eight and one-half by eleven inch paper. "	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law
3901-7-01	(I)(2)(b)(ii)	Shall	"(ii)The filing shall be mailed to the enforcement division of the Ohio department of insurance. "	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law
3901-7-01	(I)(3)	Shall	Filing. "Every agent shall electronically file no later than January fifteenth of each year or shall mail postmarked no later than January fifteenth of each year, the required documents for the preceding twelve month period ending August thirty-first."	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law

3901-7-01	(I)(4)	Shall	"Each agent shall mail to each title insurance underwriter it represented during any portion of the review period ,postmarked not later than January fifteenth of each year, a copy the filing forthe preceding twelve month period ending August thirty-first. "	R.C. 3901.041, 3953.33	Yes, state law	Yes, state law
3901-7-01	(J)	Shall Not	Severability "If any paragraph, term, or provision of this rule is adjudgedinvalid for any reason, the judgment shall not affect, impair or invalidate anyother paragraph, term, or provision of this rule, but the remaining paragraphs,terms, and provisions shall be and continue in full force and effect."	R.C. 3901.041, 3953.33	No, general rulemaking authority	No, general rulemaking authority
3901-7-02	(C)	Shall	Surety bond "All title insurance agents or agencies that handle escrows in real property transactions not involving the issuance of title insurance shall have a surety bond in place that protects all parties to such transactions against theft, misappropriation, fraud, or any other failure to properly disburse settlement, closing, or escrow funds. "	R.C. 3901.041, 3953.23	No, general rulemaking authority	No, general rulemaking authority
3901-7-02	(C)(1)	Shall	"The surety bond shall be on a form approved by the superintendent and shall provide coverage in the minimum amountof one hundred fifty thousand dollars."	R.C. 3901.041, 3953.23	Yes, state law	Yes, state law
3901-7-02	(C)(2)	Shall	The surety bond shall be kept in full force and effect as a condition precedent to the title agent's authority to transact escrow, settlement, or closing functions for real estate transactions not involving the issuance of title insurance and the title insurance agent shall supply the superintendent with satisfactory evidence thereof upon request.		Yes, state law	Yes, state law
3901-7-02	(C)(2)	Shall	"The surety bond shall be kept in full force and effect as a condition precedent to the title agent's authority to transact escrow, settlement, or closing functions for real estate transactions not involving the issuance of title insurance and the title insurance agent shall supply the superintendent with satisfactory evidence thereof upon request."	R.C. 3901.041, 3953.23	Yes, state law	Yes, state law

3901-7-02	(D)(1)	Shall	Errors and omissions insurance "(1)All title insurance agents or agencies shall maintain an errors and omissions insurance policy that includes but is not limited to coverage for the agent's or agency's delegation of any agent oragency function to a third party. The policy must provide a minimum coverage amount of two hundred fifty thousand dollars."	R.C. 3901.041, 3953.23	Yes, state law	Yes, state law
3901-7-02	(D)(1)	Must	Errors and omissions insurance "(1)All title insurance agents or agencies shall maintain an errors and omissions insurance policy that includes but is not limited to coverage for the agent's or agency's delegation of any agent or agency function to a third party. The policy must provide a minimum coverageamount of two hundred fifty thousand dollars."	R.C. 3901.041, 3953.23	Yes, state law	Yes, state law
3901-7-02	(D)(2)	Other - requires an action	"It is the title agent's or agency's responsibility to ensure that all subcontractors are covered under the agent's or agency's errors and omissions insurance policy or that any subcontractor not so covered maintains an errors and omissions policy with minimum coverage of fifty thousand dollars."	R.C. 3901.041, 3953.23	Yes, state law	Yes, state law
3901-7-02	(E)	Shall	"Details of surety bond and errors and omissions coverage to be provided at escrow account review Details of any surety bond and errors and omissions coveragerequired under this rule shall be provided on a form that is prescribed forsuch use by the superintendent. The details of such coverage shall be providedat the time the annual escrow account review is performed pursuant to section 3953.33of the Revised Code. "	R.C. 3901.041, 3953.23	Yes, state law	Yes, state law
3901-7-02	(F)	Shall	Penalties "Failure to maintain the required errors and omissions coverageor failure to maintain a surety bond as necessary shall be grounds forsuspension or revocation of a title insurance license."	R.C. 3901.041, 3953.23	No, general rulemaking authority	No, general rulemaking authority
3901-7-02	(G)	Shall Not	Severability "If any paragraph, term or provision ofthis rule is adjudged invalid for any reason, the judgment shall not affect,impair or invalidate any other paragraph, term or provision of this rule, butthe remaining paragraphs, terms or provisions shall be and continue in fullforce and effect."	R.C. 3901.041, 3953.23	No, general rulemaking authority	No, general rulemaking authority
3901-7-03	(C)	Shall	Notice "A title insurance agent issuing a lender's title insurance policy in conjunction with a residential mortgage loan made simultaneously with the purchase of all or part of the real property securing the loan, where no owner's title insurance policy has been requested, shall provide the notice set forth in the appendix to this rule to the mortgagor at the time the commitmentis prepared. "	R.C. 3901.041, 3953.30	No, general rulemaking authority	No, general rulemaking authority

3901-7-03	(D)	Shall	"The title insurance agent required to provide the notice described in this rule shall maintain a copy of the notice, signed by the mortgagor, on file for at least ten years after the effective date of the lender's title insurance policy."	R.C. 3901.041, 3953.30	No, general rulemaking authority	No, general rulemaking authority
3901-7-03	(E)	Shall Not	Severability "If any paragraph, term or provision of this rule or the application thereof to any person or situation be adjudged invalid for any reason such invalidity shall not affect, impair or invalidate any other section, term or provision of this rule or the application thereof which can be given effect without the invalid provision or application and to this end the provisions of this rule are declared to be severable. "	R.C. 3901.041, 3953.30	No, general rulemaking authority	No, general rulemaking authority
3901-7-04	(D)	Other - prohibits an action	"No business entity may be licensed as a title insurance agency where one or more prohibited persons control the business entity."	R.C. 3901-041 and 3953.21	Yes, state law	Yes, state law
3901-7-04	(E)	Other - prohibits an action	"A business entity may not become licensed or remain licensed where the entity is merely a sham arrangement used as a conduit for inducements or compensation for business payments in violation of section 3953.26 and/or section 3933.01 of the Revised Code."	R.C. 3901.041; 3953.26 and/or 3933.01	Yes, state law	No, general rulemaking authority

3907-7-04	(E)	Other - requires an action	"In determining whether an entity is a sham arrangement, the superintendent may consider factors similar to those used to determine whether a controlled business arrangement is a sham arrangement under RESPA, including, but not limited to: (1)Does thenew entity have sufficient initial capital and net worth, typical of theindustry, to conduct the title insurance business for which it was created oris it undercapitalized to do the work it purports to provide? (2)Is the new entity staffed with its ownemployees to perform the services it provides or does the new entity have"loaned" employees of one of the parents? (3)Does the new entity manage its ownbusiness affairs or is the new entity being run by one of theparents? (4)Does the new entityhave anoffice for business which is separate from any of the parents? If the newentity is located at the same business address as one of the parents, does thenew entity pay fair market value rent for the facilities actuallyfurnished? (5)Is the new entityproviding substantial services, i.e., the essential functions of the realestate settlement service, for which it receives a fee? (6)Does the new entity perform all of thesubstantial services itself or does it contract out part of the work? If so,how much	R.C. 3901.041 and 3953.21	Yes, state law	No, general rulemaking authority
3901-7-04	(F)	Other - prohibits an action	"Where a person has a direct or beneficial ownership interest in a business entity title insurance agent, the only thing of value that can flow from such an arrangement, other than permissible payments for services rendered, is a return on ownership interest."	R.C. 3901.041 and 3953.21	Yes, state law	No, general rulemaking authority
3901-7-04	(F)(1)	May Not	(F)Where a person has a direct or beneficial ownership interest in a businessentity title insurance agent, the only thing of value that can flow from suchan arrangement, other than permissible payments for services rendered, is areturn on ownership interest. (1)Under thisrule, a return on ownership interest may not include any of the following: (a)Any payment which has, as a basis ofcalculation, no apparent business motive other than distinguishing amongrecipients of payments on the basis of the amount of their actual, estimated oranticipated referrals; (b)Anypayment which varies according to the relative amount of referrals by differentrecipients of similar payments; or (c)A payment based on an ownership,partnership or joint venture share which has been adjusted on the basis ofprevious relative referrals by recipients of similar payments.	3901.041	Yes, state law	No, general rulemaking authority

3901-7-04	(G)	May Not	"A prohibited person may not serve as a partner, officer, director, or managing member of a title insurance agency, nor may a prohibited person be involved in the day-to-day operations of the title agency."	R.C. 3901.041	Yes, state law	No, general rulemaking authority
3901-7-04	(H)	Shall Not	"If any paragraph, term or provision ofthis rule is adjudged invalid for any reason, the judgment shall not affect,impair or invalidate any other paragraph, term or provision of this rule, butthe remaining paragraphs, terms and provisions shall be and continue in fullforce and effect."	3901.041	Yes, state law	No, general rulemaking authority
3901-8-01	(B)	Shall	"This rule is promulgated pursuant to section 3901.041 of the Revised Code, providing that the superintendent of insurance shall adopt, amend and rescind rules and make adjudications necessary to discharge his duties and exercise his powers under Title 39 of the Revised Code; and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(C)(1)(e)	Shall	"The definition of "allowable expense" may exclude certain types of coverage or benefits such as dental care, vision care, prescription drug or hearing aids. A plan that limits the application of "COB" to certain coverages or benefits may limit the definition of allowable expenses in its contract to expenses that are similar to the expenses that it provides. When "COB" is restricted to specific coverages or benefits in a contract, the definition of allowable expense shall include similar expenses to which "COB" applies"	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(C)(6)	Shall	"Coordination of benefits" or "COB" means a procedure establishing the order in which plans shall pay their claims, and permitting secondary plans to reduce their benefits so that the combined benefits of all plans do not exceed total allowable expenses.	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(C)(8)	Shall Not	"Group-type contract" means a contract not available to the general public which is obtained and maintained only because of membership in, or in connection with, a particular organization or group, including blanket coverage. This term shall not include an individually underwritten and issued, guaranteed renewable policy even if purchased through payroll deduction at a premium savings to the insured since the insured would have a right to maintain or renew the policy independently of continued employment with the employer."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(C)(11)(b)	Shall	"The definition of plan in a contract shall state the types of coverage which will be considered in applying the "COB" provision of that contract. Whether the contract uses the term "plan" or some other term such as "program", the contractual definition may be no broader than the definition of "plan" in paragraph (C)(11) of this rule."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-01	(C)(11)(d)	Shall Not	"The term "plan" shall not include: (d)The term "plan" shall not include: (i)Hospital indemnity benefits or otherfixed indemnity coverage; (ii)Accident only coverage or specified accident coverage; (iii)A supplemental sickness and accidentpolicy excluded from coordination of benefits pursuant to sections 3923.37and/or 1751.56of the Revised Code; (iv)Schoolaccident-type coverage; (v)Benefits provided in long term care insurance policies for non-medicalservices, for example, personal care, adult day care, homemaker services,assistance with activities of daily living, respite care and custodial care orfor contracts that pay a fixed daily benefit without regard to expensesincurred or the receipt of services; (vi)Medicare supplement policies;or (vii)A state plan undermedicaid, or other governmental plan when, by law, its benefits are in excessof those of any private insurance plan or other non-governmentalplan.	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(C)(12)	Shall	"'Primary plan' means a plan whose benefits for a person's health care coverage shall be determined without taking the existence of any other plan into consideration: (a)A plan either does not containorder of benefit rules, or it has rules which differ from those permitted bythis rule; or (b)All plans whichcover the person use the order of benefits determination required by this rule,and under this rule that plan determines its benefits first.	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(C)(14)	Shall	"'Secondary plan' means any plan which isnot a primary plan. If a person is covered by more than one secondary plan, theorder of benefit determination rules of this rule shall determine the order inwhich their benefits are determined in relationship to each other."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(D)(1)	Shall	"The following language shall be included as a separate and distinct paragraph on the first page in at least one solicitation, marketing, advertising or enrollment document which shall be provided to potential subscribers of a plan subject to this rule and shall be printed in twelve point type:" "WARNING: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORETHAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTHPLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORSAND HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAMETIME. BEFORE YOU ENROLL IN THIS PLAN, READ ALL OF THE RULES VERY CAREFULLY ANDCOMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU OR YOURFAMILY."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-01	(D)(2)	Shall	"The following language shall be included as a separate and distinct paragraph on the first page in every contract, policy, certificate/evidence of coverage and summary plan description issued to a beneficiary under a plan subject to this rule, and shall be printed in twelve-point type:" "NOTICE: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THANONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS.EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS ANDHOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME.READ ALL OF THE RULES VERY CAREFULLY, INCLUDING THE COORDINATION OF BENEFITSSECTION, AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU ORYOUR FAMILY."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(D)(3)	Shall	"A contract which utilizes "COB" shall contain the "COB" provisions set forth in appendix A to this rule. Changes in words and format may be made to fit the language and style of the rest of the contract or to reflect the difference among plans which provide services, which pay benefits for expenses incurred, and which indemnify. No substantive changes are permitted."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(D)(4)	Shall	"Each certificate issued under a group contract which utilizes "COB" shall contain the "COB" provisions set forth in appendix A to this rule. Changes in words and format may be made to fit the language and style of the rest of the group certificate or to reflect the difference among plans which provide services, which pay benefits for expenses incurred and which indemnify. No substantive changes are permitted."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(D)(4)	Shall	"If a group policyholder or contract holder distributes its own solicitation, marketing, advertising or enrollment documents to its members who are potential subscribers of a plan subject to these rules, then the plan shall make the foregoing language available for use by the group."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(E)(1)	Shall Not	(E)Prohibited coordination andbenefit design "A contract shall not reduce benefits on the basis that: (a) Another plan exists and the covered person did not enroll in that plan; (b) A person is or could have been covered under another plan, except with respect to part B of medicare; or (c) A person has elected an option under another plan providing a lower level of benefits than another option which could have been elected."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(E)(2)	Shall	"No contract, certificate or policy shall contain a provision that its benefits are "always excess" or "always secondary" to any other plan, except as otherwise provided in this rule."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-01	(E)(3)	Shall	"Under the terms of a closed panel plan, benefits are not payable if the covered person does not use the services of a closed panel plan provider. In most instances, "COB" does not occur if a covered person is enrolled in two or more closed panel plans and obtains services from a provider in one of the closed panel plans because the other closed panel plan (the one whose providers were not used) has no liability. However, "COB" may occur during the plan year when the covered person receives emergency services that would have been covered by both plans. Then the secondary plan shall use the provisions of paragraph (H) of this rule to determine the amount it should pay for the benefit.	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(E)(4)	Other - prohibits an action	"No plan may use a "COB" provision, or any other provision that allows it to reduce its benefits with respect to any other coverage its insured may have that does not meet the definition of plan under paragraph (C)(11) of this rule."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(F)(1)(a)	Shall	"When plans have differing allowable expenses, the larger allowable expense shall be used for the purpose of division (C) of section 3902.13 of the Revised Code. When benefits paid by a primary plan are less than the allowable expenses, the secondary plan shall pay or provide its benefits toward any remaining balance otherwise payable by the insured or the certificate holder. A secondary plan shall not be required to make a payment of an amount which exceeds the amount it would have paid if it were the primary plan, but in no event, when combined with the amount paid by the primary plan, shall payments by the secondary plan exceed one hundred per cent of the larger of the expenses allowable under the provisions of the applicable policies and contracts."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(F)(1)(a)	Shall	"When plans have differing allowable expenses, the larger allowable expense shall be used for the purpose of division (C) of section 3902.13 of the Revised Code. When benefits paid by a primary plan are less than the allowable expenses, the secondary plan shall pay or provide its benefits toward any remaining balance otherwise payable by the insured or the certificate holder. A secondary plan shall not be required to make a payment of an amount which exceeds the amount it would have paid if it were the primary plan, but in no event, when combined with the amount paid by the primary plan, shall payments by the secondary plan exceed one hundred per cent of the larger of the expenses allowable under the provisions of the applicable policies and contracts."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(F)(1)(a)	Shall Not	When plans have differing allowable expenses, the larger allowable expense shall be used for the purpose of division (C) of section 3902.13 of the Revised Code. When benefits paid by a primary plan are less than the allowable expenses, the secondary plan shall pay or provide its benefits toward any remaining balance otherwise payable by the insured or the certificate holder. A secondary plan shall not be required to make a payment of an amount which exceeds the amount it would have paid if it were the primary plan, but in no event, when combined with the amount paid by the primary plan, shall payments by the secondary plan exceed one hundred per cent of the larger of the expenses allowable under the provisions of the applicable policies and contracts.	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-01	(F)(1)(b)	Shall	"When a plan provides benefits in the form of services, the reasonable cash value of each service shall be both an allowable expense and a benefit paid."			
3901-8-01	(F)(1)(c)	Shall	"When a contract restricts "COB" to specific coverage, allowable expense shall include the expenses or services to which "COB" applies under the contract."			
3901-8-01	(F)(2)	Shall Not	"A secondary plan shall not be required to pay for services unless such services are received in accordance with the rules and provisions outlined in its policy, contract or certificate."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(F)(3)	Shall	"A primary plan shall pay or provide its benefits as if the secondary plan does not exist. A plan that does not contain a coordination of benefits provision shall not take into account benefits of other plans. However, a contract holder's coverage which is designed to supplement a part of a basic package of benefits may provide that the supplementary coverage shall be excess to any other parts of the plan provided by that contract holder. Examples of these types of situations are major medical coverages that are superimposed over base plan hospital and surgical benefits, and insurance type coverages that are written in connection with a closed panel plan to provide out-of-network benefits. A plan that does not contain order of benefit determination provisions that are consistent with this rule is always the primary plan unless the provisions of both plans, regardless of the provisions of paragraph (F)(3) of this rule, state that the complying plan is primary."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(F)(3)	Shall	"A primary plan shall pay or provide its benefits as if the secondary plan does not exist. A plan that does not contain a coordination of benefits provision shall not take into account benefits of other plans. However, a contract holder's coverage which is designed to supplement a part of a basic package of benefits may provide that the supplementary coverage shall be excess to any other parts of the plan provided by that contract holder. Examples of these types of situations are major medical coverages that are superimposed over base plan hospital and surgical benefits, and insurance type coverages that are written in connection with a closed panel plan to provide out-of-network benefits. A plan that does not contain order of benefit determination provisions that are consistent with this rule is always the primary plan unless the provisions of both plans, regardless of the provisions of paragraph (F)(3) of this rule, state that the complying plan is primary."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-01	(F)(3)	Shall	"A primary plan shall pay or provide its benefits as if the secondary plan does not exist. A plan that does not contain a coordination of benefits provision shall not take into account benefits of other plans. However, a contract holder's coverage which is designed to supplement a part of a basic package of benefits may provide that the supplementary coverage shall be excess to any other parts of the plan provided by that contract holder. Examples of these types of situations are major medical coverages that are superimposed over base plan hospital and surgical benefits, and insurance type coverages that are written in connection with a closed panel plan to provide out-of-network benefits. A plan that does not contain order of benefit determination provisions that are consistent with this rule is always the primary plan unless the provisions of both plans, regardless of the provisions of paragraph (F)(3) of this rule, state that the complying plan is primary."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(F)(4)	Shall	"If the primary plan is a closed panel plan and the secondary plan is not a closed panel plan, the secondary plan shall pay or provide benefits as if it were the primary plan when a covered person uses a non-panel provider, except for emergency services or authorized referrals that are paid or provided by the primary plan."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.		
3901-8-01	(F)(5)	Shall	"When multiple contracts providing coordinated coverage are treated as a single plan under this rule, this paragraph applies only to the plan as a whole, and coordination among the component contracts is governed by the terms of the contracts. If more than one carrier pays or provides benefits under the plan, the carrier designated as primary within the plan shall be responsible for the plan's compliance with this rule."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.		
3901-8-01	(F)(7)	Shall	"Nothing in these rules shall be construed to prevent a third party payer and a provider from entering into an agreement under which the provider agrees to accept, as payment in full from any or all plans providing benefits to a beneficiary, an amount which is less than the provider's regular charges."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.		
3901-8-01	(G)(1)	Shall	(G)Order ofbenefit determination Order of benefits shall be determined by the first applicableprovision set forth in this paragraph: (1)Non-dependent or dependent. The benefitsof a plan covering the person as an employee, member, insured, subscriber orretiree, other than as a dependent, shall be determined before those of a planwhich covers the person as a dependent. However, the benefits of a plancovering the person as a dependent shall be determined before the benefits of aplan covering the person as other than a dependent if the person is a medicarebeneficiary, and as a result of Title XVIII of the Social Security Act and itsimplementing regulations: (a)Medicare issecondary to the plan covering the person as a dependent; and (b)Medicare is primary to the plan coveringthe person as other than a dependent (e.g. a retired employee).	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-01	(G)(2)	Shall	(G)Order ofbenefit determination Order of benefits shall be determined by the first applicableprovision set forth in this paragraph: (2)Dependent child covered undermore than one plan. Unless there is a court decree stating otherwise, planscovering a dependent child shall determine the order of benefits as follows: (a)For a dependent child whose parents aremarried (not separated or divorced) or are living together, whether or not theyhave ever been married: (i)The plan of theparent whose birthday falls earlier in the calendar year is the primaryplan; (ii)If both parents have thesame birthday, the plan which has covered the parent for a longer period oftime is the primary plan; (iii)Ifone plan does not have the rule described in paragraphs (G)(2)(a) (i) and(G)(2)(a)(ii) of this rule because that plan is not subject to the "COB"statutes, but instead has a rule based upon the gender of the parent; and if,as a result, the plans do not agree on the order of benefits, the plancontaining the rule based upon the gender of the parent shall determine theorder of benefits.	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(G)(3)	Shall	(G)Order ofbenefit determination Order of benefits shall be determined by the first applicableprovision set forth in this paragraph: (3)Activeemployee or retired or laid-off employee. The benefits of a plan which covers aperson as an active employee who is neither laid off nor retired, or as thatactive employee's dependent, is the primary plan. If the other plan does nothave this provision, and if, as a result, the plans do not agree on the orderof benefits, this provision shall be ignored. This paragraph does not supersede paragraph (G)(1) of thisrule. Coverage provided an individual as a retired worker and as a dependent ofthat individual's spouse as an active worker will be determined under paragraph(G)(1) of this rule. Paragraph (G)(3) of this rule covers the situation whereone individual is covered under one policy as an active worker and underanother policy as a retired worker. It would also apply to an individualcovered as a dependent under both of those policies.	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-01	(G)(4)	Shall	(G)Order ofbenefit determination Order of benefits shall be determined by the first applicableprovision set forth in this paragraph: (4)"COBRA" or state continuation coverage.If a person whose coverage is provided under a right of continuation pursuantto federal or state law also is covered under another plan, the following shall be the order of benefit determination: (a)Theplan covering the person as an employee, member, subscriber or retiree (or asthat person's dependent) is the primary plan; (b)The continuation coverage providedpursuant to federal or state law is the secondary plan. If the other plan does not have the rule described above, andif, as a result, the plans do not agree on the order of benefits, this rule isignored. This provision does not apply if the order of benefits can bedetermined under paragraph (G)(1) of this rule.	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(G)(5)(a)	Shall	(G)Order ofbenefit determination Order of benefits shall be determined by the first applicableprovision set forth in this paragraph: (5)Longer or shorter length of coverage. Ifnone of the preceding provisions determines the order of benefits, the planwhich has covered the person for the longer period of time is the primary planand the plan which covered that person for the shorter period of time is thesecondary plan. For the purposes of this provision: (a)The time covered under a plan is measuredfrom the claimant's first date of coverage under that plan, or, if that date isnot readily available for a group plan, the date the claimant first became amember of the group covered by that plan shall be used as the date from whichto determine the length of time the person's coverage under the present planhas been in force;	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(G)(5)(b)	Shall	(G)Order ofbenefit determination Order of benefits shall be determined by the first applicableprovision set forth in this paragraph: (5)Longer or shorter length of coverage. Ifnone of the preceding provisions determines the order of benefits, the planwhich has covered the person for the longer period of time is the primary planand the plan which covered that person for the shorter period of time is thesecondary plan. For the purposes of this provision: (b)Twosuccessive plans shall be treated as one if the covered person was eligibleunder the second plan within twenty-four hours after coverage under the firstplan ended;	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-01	(G)(6)	Shall	(G)Order ofbenefit determination Order of benefits shall be determined by the first applicableprovision set forth in this paragraph: (6)If none of thepreceding rules determines the order of benefits, the allowable expenses shall be shared equally between the plans.	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(H)	Shall	"Procedure to be followed by secondary plan to calculate benefits and pay a claim. In determining the amount to be paid by the secondary plan on a claim, should the plan wish to coordinate benefits, the secondary plan shall calculate the benefits it would have paid on the claim in the absence of other health care coverage and apply that calculated amount to any allowable expense under its plan that is unpaid by the primary plan. The secondary plan may reduce its payment by the amount so that, when combined with the amount paid by the primary plan, the total benefits paid or provided by all plans for the claim do not exceed one hundred per cent of the total allowable expense for that claim. In addition, the secondary plan shall credit to its plan deductible any amounts it would have credited to its deductible in the absence of other health care coverage."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(H)	Shall	"Procedure to be followed by secondary plan to calculate benefits and pay a claim. In determining the amount to be paid by the secondary plan on a claim, should the plan wish to coordinate benefits, the secondary plan shall calculate the benefits it would have paid on the claim in the absence of other health care coverage and apply that calculated amount to any allowable expense under its plan that is unpaid by the primary plan. The secondary plan may reduce its payment by the amount so that, when combined with the amount paid by the primary plan, the total benefits paid or provided by all plans for the claim do not exceed one hundred per cent of the total allowable expense for that claim. In addition, the secondary plan shall credit to its plan deductible any amounts it would have credited to its deductible in the absence of other health care coverage."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(I)(1)	Other - prohibits an action	"A secondary plan which provides benefits in the form of services may recover the reasonable cash value of the services from a primary plan, to the extent that benefits for the services are covered by, and have not already been paid or provided by the primary plan. Nothing in this paragraph shall be interpreted to require a plan to reimburse a covered person in cash for value of services provided by a plan that provides benefits in the form of services."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	Yes, state law

3901-8-01	(I)(2)	Other - requires an action	(2)A plan with order of benefit determination rules which comply with this rule (complying plan) may coordinateits benefits with a plan which is "excess" or "always secondary" or which usesorder of benefit determination rules which are inconsistent with this rule(non-complying plan) as follows: (a)If thecomplying plan is the primary plan, it shall pay or provide its benefitsfirst; (b)If the complying plan isthe secondary plan, it shall pay or provide its benefits first, but the amountof the benefits payable shall be determined as if the complying plan were thesecondary plan. Such payment shall be the limit of the complying plan'sliability; (c)If a non-complyingplan does not provide the information needed by a complying plan to determineits benefits within a reasonable time after it is requested to do so, thecomplying plan shall assume that the benefits of the non-complying plan areidentical to its own, and shall pay its benefits accordingly. However, if thecomplying plan receives information within two years of payment as to theactual benefits of the non-complying plan, it shall adjust paymentsaccordingly. (d)If a non-complyingplan which paid or provided benefits as a primary plan reduces its benefits sothat a claimant receives less in benefits than he would have received had thecomplying plan paid or provided its benefits as the secondary plan, thecomplying plan shall advance to, or on	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(I)(2)	Shall	"In consideration of the advance, the complying plan shall be subrogated to all rights of the claimant against the non-complying plan. The advance by the complying plan shall be without prejudice to any claim it may have against the non-complying plan in the absence of subrogation."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(I)(5)	Shall	"If the plans cannot agree on the order of benefits within thirty calendar days after the plans have received all of the information needed to pay the claim, the plans shall immediately pay the claim in equal shares and determine their relative liabilities following payment, except that no plan shall be required to pay more than it would have paid had it been the primary plan.	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(K)	Shall	"Whoever violates this rule or any paragraph thereof shall be deemed to have engaged in an unfair and deceptive insurance act or practice under sections 3901.19 to 3901.26 of the Revised Code, and is subject to proceedings pursuant to those sections."	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	(L)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041 and section 3902.14 of the Revised Code, providing that the superintendent may adopt rules to carry out the purposes of sections 3902.11 to 3902.14 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-01	Appendix 1		http://codes.ohio.gov/pdf/oh/admin/2019/3901-8-01_ph_ff_a_app1_20181105_0852.pdf			
3901-8-02	(A)	Shall	(A)Purpose This rule sets the requirements that third party payers shall follow if the third party payer receives any discount from billed charges froma health care provider.	3901.041 of the Revised Code, general rule making authority; and sections 3901.19 to 3901.22 of the Revised Code, the unfair and deceptive acts statute.	No, general rulemaking authority	No, general rulemaking authority

3901-8-02	(D)	Other - prohibits an action	"No third party payer that has a negotiated discount with ahealth care provider, shall do the following: "(1) Fail to disclose the existence of suchdiscount to any policy holder, certificate holder, subscriber or enrollee whohas purchased health care coverage from the third party payer. Such disclosureshall be contained in the body of the insurance contract, and the certificateif the contract is a group insurance program. Only disclosure of the existenceof such discount is required, disclosure of the extent of the discount is notrequired. "(2) Fail to calculateany annual or lifetime maximums only on the basis of actual payments made tonon-capitated health care providers. For capitated health care providers thereasonable cash value of the services provided shall be used to calculateannual or lifetime maximums. (3)Fail to maintain adequate records of the compliance with this rule.	3901.041 of the Revised Code, general rule making authority; and sections 3901.19 to 3901.22 of the Revised Code, the unfair and deceptive acts statute.	No, general rulemaking authority	No, general rulemaking authority
3901-8-02	(F)	Shall Not	"If any section, term or provision of this rule is judged invalid for any reason, such judgment shall not affect, impair or invalidate any other section, term or provision of this rule, but the remaining sections, terms and provisions shall be and continue in full force and effect."	3901.041 of the Revised Code, general rule making authority; and sections 3901.19 to 3901.22 of the Revised Code, the unfair and deceptive acts statute.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(D)	Require	"Except as otherwise specifically provided, the requirements of this rule apply to all issuers of policies or contracts of insurance, administrators of self-funded employee benefit plans, and other forms of coverage involved in the reimbursement of health care expenses, and all healthcare and institutional care practitioners licensed by this state. It is not to cover claims involving medicare, parts A or B; medicaid, the tricare program or workers' compensation insurance. "	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(D)	Shall	"Nothing herein shall be construed to create or imply a private cause of action for violation of this rule."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(E)(1)	Shall	"A health care practitioner, institutional care practitioner, or other provider that submits a paper claim shall use the CMS form 1500, UB-04/CMS form 1450, NCPDP universal claim form or the J400 form which, for the purpose of this rule, are deemed approved for use in this state."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(E)(2)	Shall	"A health care practitioner, institutional care practitioner, or other provider that submits an electronic claim shall do so as provided in federal regulations for electronic transactions, codified at 45 CFR Parts 160 and 162."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(E)(3)	Shall	"Third-party payers transacting business in this state shall accept paper claims submitted on the CMS form 1500, UB-40/CMS form 1450, NCPDPuniversal claim form or the J400 form which, for the purpose of this rule, are deemed approved for use in this state."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(E)(4)	Shall	"Third-party payers transacting business in this state shall also accept electronic claims submitted as provided in federal regulations for electronic transactions, codified at 45 CFR Parts 160 and 162."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-03	(E)(5)	Shall	"Nothing in this rule shall prohibit a third-party payer and an institutional care practitioner, health care practitioner or other provider from entering into a mutual agreement regarding the submission of claims to the third-party payer."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(E)(6)	Shall	"All health care practitioners and institutional care practitioners shall: (a)Use the most current editions of the CMSform 1500, CMS form 1450 and J400 form, andthe most current instructions for these forms, in filing paper claims with third-partypayers; and (b)Modify their billing practicesto encompass the coding changes for all billing and claim filing by theeffective date of the changes set forth by the developers of the forms, codesand procedures required under this rule.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(E)(7)	Other - prohibits an action	"Nothing in this rule shall prevent a third-party payer from requesting supporting documentation as described in section 3901.381 of the Revised Code."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3907-8-03	(F)(1)	Shall	Requirements for use of CMS form 1500 (1)Health care practitioners, other than dentists, shall use the CMS form 1500 andinstructions provided by CMS for use of the CMS form 1500 when filing paperclaims with third-party payers for professional services.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(F)(2)	May Not	"A third-party payer may not require a health care practitioner to use any coding system for the filing of claims for health care services other than the following: (a)HCPCS codes; (b) ICD-10-CM codes; (c)CPT codes; or (d) Other codes as accepted by the nationaluniform claim committee."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(F)(5)	May Not	A third-party payer may not require a health care practitioner to use any other descriptor with a code or to furnish additional information with the initial submission of a CMS form 1500 except under the following circumstances: (a)When the procedure code used describes a treatment or service which is not otherwise classified; or (b)When the procedure code is followed by the CPT modifier 22, 52 or 99. A health care practitioner may use item 19 of the CMS form 1500 to explain the multiple modifiers.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(F)(7)	Shall	"A health care practitioner billing for services based on the amount of time involved shall indicate the number of units in item 24G of the CMS form 1500 if item 24G it is not used to specify the number of days of treatment."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(F)(8)	Shall	"Third-party payers shall provide reimbursement to health care practitioners and other providers using the first that applies: (a)National provider identifier; (b) Federal tax identification number; or (c) Social security number."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-03	(G)(1)	Shall	"Requirements for use of CMS form 1450/UB-04 (1) Institutional care practitioners shall use the CMS form 1450 and instructions provided by CMS for use of the CMS form 1450 when filing paper claims with third-party payers for professional services.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(G)(2)	May Not	"Requirements for use of CMS form 1450/UB-04 (2) Athird-party payer may not require an institutional care practitioner to use any coding system for the filing of claims for health care services other than the following: (a) ICD-10-CM codes; (b) HCPCS level 1 codes; (c) HCPCS level 2 codes; (d) HCPCS level 3 codes; (e) Other codes as accepted by the national uniform billing committee; or (f) If charges include direct service of a health care practitioner, the information outlined in paragraph (E) of this rule.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(G)(3)	Shall	"Requirements for use of CMS form 1450/UB-04 (3) Institutional care practitioners shall specify the license number of physical therapists and other health care professionals rendering services designated as physical therapy in item 83 of CMS form 1450.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(H)(1)	Shall	Requirements for use of J400 form (1) A dentist shall use the J400 form and instructions for billing patients or their representatives directly and filing paper claims with third-party payers for professional services; and	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(H)(2)	May Not	Requirements for use of J400 form (2) Athird-party payer may not require a dentist to use any code other than the CDTcodes, for the filing of claims for dental care services.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(I)	Shall	Requirements for use of NCPDP universal claim form A pharmacist shall use the NCPDP universal claim form to submit paper claims with third-party payers.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-03	(K)	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs,terms and provisions shall be and continue in full force and effect."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3901.21 and 3902.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(C)	Shall	"Except as otherwise provided, this rule shall apply to: (1)Health plan issuers as defined in section 3922.01 of the Revised Code; and (2) Independent review organizations as defined in section 3922.01 of the Revised Code seeking accreditation or accredited by the superintendent to conduct external reviews on behalf of health plan issuers on or after January 1, 2012."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-04	(E)(1)	Shall	"Each applicant for accreditation shall submit to the superintendent current verification of their accreditation by a national organization that accredits organizations providing expert reviews and related services, and shall certify compliance with relevant Ohio law on a form prescribed by the superintendent."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(E)(2)	Shall	"If there are no acceptable nationally recognized private accrediting entities providing independent review organization accreditation, each applicant for accreditation by the superintendent shall apply on a form prescribed by thesuperintendent and provide the information set forth in paragraphs (E)(3) and(E)(4) of this rule."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(E)(3)	Shall	"The independent review organization shall provide to the superintendent a certified statement from an officer of the independent review organization that the independent review organization is in compliance with divisions (B) and (C)(1) of section 3922.14 of the Revised Code concerning prohibited affiliations."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(E)(4)	Shall	"The independent review organization shall provide to the superintendent: (a) A description ofthe areas of expertise available from the independent review organization and the number of clinical reviewers with expertise in each area, including subspecialties; (b) A description of the methods of recruiting and selecting impartial clinical reviewers and matching the clinical reviewers to specific cases; (c) A description of the policies and procedures for orientation and training of the clinical reviewers who perform external reviews; (d) A description of the procedures employed to ensure that clinical reviewers conducting external reviews meet all of the requirements in section 3922.15 of the Revised Code; (e) A description of the policies and procedures employed to protect the confidentiality of individual medical and treatment records, personal information, and protected health information in accordance with state and federal laws; (f) A description of the procedures to ensure that the independent review organization, clinical reviewer(s) or health care provider(s) do not have any prohibited affiliations as outlined in divisions (B) and (C)(1) of section 3922.14 of the Revised Code."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(F)(1)	Shall	"An independent review organization shall preserve the confidentiality of individual medical and treatment records, personal information, and protected health informationas defined in division (U) of section 3922.01 of the Revised Code. This includes but is not limited to: (a) Name; (b) Address; (c) Telephone number; (d) Social security number; (e) Medical history, diagnosis, prognosis, or medical condition; and (f) Financial information."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-04	(F)(2)	May Not	"An independent review organization may not disclose or publish individual medical and treatment records, personal information, protected health information, or other confidential information about a covered person without the prior written consent of the covered person or as otherwise required by law. An independent review organization may provide confidential information to a third party under contract or affiliated with the independent review organization for the sole purpose of performing the external review. Information provided to such third parties shall remain confidential."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(F)(2)	Shall	"An independent review organization may not disclose or publish individual medical and treatment records, personal information, protected health information, or other confidential information about a covered person without the prior written consent of the covered person or as otherwise required by law. An independent review organization may provide confidential information to a third party under contract or affiliated with the independent review organization for the sole purpose of performing the external review. Information provided to such third parties shall remain confidential."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(F)(3)	Shall	"The independent review organization shall maintain policies and procedures to protect the confidentiality of individual medical and treatment records, personal information, and protected health information in accordance with state and federal laws."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(F)(4)	Shall	"An independent review organization shall preserve the confidentiality of proprietary information of the health plan issuer and shall not disclose such information without the prior written consent of the company or as otherwise required by law."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(F)(5)	Shall	"All policies and procedures described in paragraph (F) of this rule shall be documented and available for inspection upon request of the superintendent."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(G)(1)	Shall	(G)Conflicts of interest (1)The independent review organization shall maintainpolicies and procedures ensuring that: (a)No clinicalreviewer or health care provider with which the clinical reviewer is affiliatedshall have any prohibited affiliation as outlined in divisions (B) and (C)(1)of section 3922.14of the Revised Code; and (b)No conflict of interest exists among: (i)The independentreview organization and its clinical reviewers; (ii)The independentreview organization and the health plan issuer or any officer, director, ormanagerial employee of the health plan issuer; and (iii)Theindependent review organization and the parties involved in the case underreview.	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-04	(G)(2)	Shall	"All policies and procedures described in paragraph (G) of this rule shall be documented and available for inspection upon request of the superintendent."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(H)(1)	Shall	"The independent review organization shall retain the services of a physician currently licensedand in good standing to practice medicine by a state licensing agency in the United States to provide medical oversight of the external review process."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(H)(2)	Shall	"The independent review organization shall develop and maintain written policies and procedures that govern all aspects of both the standard external review process and the expedited external review process set forth in Chapter 3922. of the Revised Code, including a quality assurance mechanism that does all of the following: (a) Ensures that external reviews are conducted within the time frames prescribed under Chapter3922. of the Revised Code and that the required notices are provided in a timely manner; (b) Ensures the selection of qualified and impartial clinical reviewers to conduct external reviews on behalf of the independent review organization; (c) Ensures that chosen clinical reviewers are suitably matched according to their area of expertise to specific cases and that the independent review organization employs or contracts with an adequate number of clinical reviewers to meet this requirement; (d) Ensures the confidentiality of medical and treatment records and clinical review criteria; (e) Ensures that any person employed by, or who is under contract with, the independent review organization adheres to the requirementsof Chapter 3922. of the Revised Code; (f) Ensures that the external reviews and recommendations provided by the clinical reviewers are based on sound clinical evidence and take into consideration the information identified in Chapter 3922. of the Revised Code; and (g) Ensures that external reviews and recommendations are clear and monitored by the independent review organization for quality on an ongoing basis."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(H)(3)	Shall	"All administrative and operational policies and procedures described in paragraph (H) of this rule shall be documented and available for inspection upon request of the superintendent."		No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(I)	Shall	"The superintendent or designee may conduct onsite or offsite qualifying examinations of independent review organizations pursuant to sections 3901.011 and 3901.04 of the Revised Code at the expense of the independent review organization. All documents shall be available for inspection at the time of any qualifying examination at the administrative offices of the independent review organization."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(J)(1)	Shall	"The independent review organization shall report to the superintendent any material changes in the information in the application or renewal, not later than the thirtieth day before the date on which the change takes effect. This would include but not be limited to notifying thesuperintendent immediately upon the occurrence of any change to the independent review organization's accreditation to perform external reviews and related services by a national accrediting organization."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-04	(J)(2)	Shall	"Each accredited independent review organization shall notify the superintendent of a change of significant information, including but not limited to, contact information and available areas of expertise, including subspecialties, as soon as possible, but no later than thirty days after a change."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(K)(1)	Shall	"Each accredited independent review organization shall annually apply for renewal of its accreditation in the form prescribed by thesuperintendent not later than sixty days before the anniversary date of the issuance of the accreditation. Each accredited independent review organization shall include a certification that no material changes exist that have not already been filed with the superintendent. This would include but not be limited to the occurrence of any change to the independent review organization's accreditation to perform external reviews and related services by a national accrediting organization."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(K)(2)	Shall	"The superintendent or designee may conduct periodic examinations and random audits pursuant to sections 3901.011 and 3901.04 of the Revised Code once an independent review organization has been accredited, to verify compliance with the standards specified in this rule and the Revised Code. These examinations and audits shall be at the expense of the independent review organization. All documents shall be available for inspection at the time of any examination or audit at the administrative offices of the independent review organization. Independent review organizations shall maintain all records concerning external reviews for at least three years after conclusion of each external review."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(K)(2)	Other - requires an action	"The superintendent or designee may conduct periodic examinations and random audits pursuant to sections 3901.011 and 3901.04 of the Revised Code once an independent review organization has been accredited, to verify compliance with the standards specified in this rule and the Revised Code. These examinations and audits shall be at the expense of the independent review organization. All documents shall be available for inspection at the time of any examination or audit at the administrative offices of the independent review organization. Independent review organizations shall maintain all records concerning external reviews for at least three years after conclusion of each external review."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(K)(2)	Other - requires an action	"The superintendent or designee may conduct periodic examinations and random audits pursuant to sections 3901.011 and 3901.04 of the Revised Code once an independent review organization has been accredited, to verify compliance with the standards specified in this rule and the Revised Code. These examinations and audits shall be at the expense of the independent review organization. All documents shall be available for inspection at the time of any examination or audit at the administrative offices of the independent review organization. Independent review organizations shall maintain all records concerning external reviews for at least three years after conclusion of each external review."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-04	(K)(3)	Shall	The superintendent or designee shall have authority to investigate complaints made regarding independent review organizations by covered persons, any authorized representatives, health plan issuers, and health care providers.	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(M)(1)	Other - requires an action	An accredited independent review organization may request termination of its accreditation by written or electronic notice to the superintendent at least thirty days prior to the effective date of the termination. No termination of an independent review organization under paragraph (M)(1) of this rule shall be effective until all pending external reviews assigned to that independent review organization have been completed.	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(N)(1)	Shall Not	"An independent review organization shall not, with respect to external review activities, permit or provide compensation or anything of value to its employees, agents, or contractors that, directly or indirectly, encourages the affirmation or reversal of an adverse determination."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(N)(2)	Other - prohibits an action	"No agreement or contract between an independent review organization and a health plan issuer shall contain any provisions that violate this rule or the Revised Code."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(N)(3)	Other - prohibits an action	"No agreement or contract between an independent review organization and a health plan issuer shall contain any provisions that violate this rule or the Revised Code."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(N)(4)	Shall Not	"An independent review organization shall not, with respect to external review activities, permit or provide compensation or anything of value to a health plan issuer."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(N)(5)	Shall	"Failure of an independent review organization or health plan issuer to comply with any provision of this rule or the Revised Code shall be an unfair and deceptive trade practice under sections 3901.19 to 3901.26 of the Revised Code."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(O)	Shall	"The cost of an external review shall be borne by the health plan issuer. No covered person shall be required to pay for any part of the cost of the review."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-04	(P)	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair, or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall continue in full force and effect."	This rule is issued pursuant to the authority vested in the superintendent under sections 3901.011, 3901.04, 3901.041, 3901.19 to 3901.26 and 3922.22 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(C)(9)	Shall	"Other terms used herein shall have the same meanings prescribed in section 3959.01 of the Revised Code."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the RevisedCode.	No, general rulemaking authority	No, general rulemaking authority

3901-8-05	(D)	Shall Not	"For the protection of the people of this state, the superintendent shall not issue, nor permit to exist, any third party administrator's license unless the following standards are met to the satisfaction of the superintendent: (1) In lieu of testing, the applicant has satisfactorily completed all questions contained in the application for a thirdparty administrator's license; (2) If a natural person, the applicant has attained the age of eighteen; (3) Neither the applicant nor any of its officers, directors, or partners has been convicted of a financially related felony; (4) Neither the applicant nor any of its officers, directors, or partners has had any license or application suspended, revoked, or denied for cause by this or any other state's insurance department; (5) The applicant has paid the fees prescribed in sections 3959.06 and 3959.10 of the Revised Code."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the RevisedCode.	No, general rulemaking authority	Yes, state law
3901-8-05	(E)(1)	Other - prohibits an action	"No person, or domestic, foreign or alien corporation shall be, act as, or hold itself out to be a third party administrator in this state unless licensed as such by the superintendent. Only alien corporations that have established a domicile within the United States and its territories may be issued an Ohio third party administrator license."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(E)(2)	Must	If a foreign or alien corporation's or foreign person's United States state of domicile provides for licensing of third party administrators under statutes similar to Chapter 3959. of the Revised Code, such person must be licensed as such in its state of domicile and must satisfy the licensing requirements and all applicable Ohio statutes and regulations in order to receive a license in Ohio.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(E)(3)	Must	"If a foreign or alien corporation's or foreign person's United States state of domicile does not provide for licensing of third party administrators, such person must provide proof from the domicile state that third party administrators are not required to be licensed in that state, and must satisfy the licensing requirements and all applicable Ohio statutes and regulations in order to receive a license in Ohio."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(E)(4)	Shall Not	"Any person in which a health insuring corporation or insurer holds an ownership interest or which is under common control with the health insuring corporation or insurer as defined in division (B) of section 3901.32 of the Revised Code, any joint venture relationship, or any other arrangement through which the person provides administrative services on behalf of the health insuring corporation or insurer to residents of this state, or to a sponsor or plan that is domiciled in, or has its principal administrative offices within this state, shall not operate in this state as a third party administrator unless licensed as such by the superintendent."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-05	(E)(5)	Shall	"All third party administrators shall demonstrate, to the satisfaction of the superintendent, that they have procured and maintained insurance and bonds in compliance with the requirements of division (C) of section 3959.11 of the Revised Code. All third party administrators shall notify the superintendent of each renewal of required insurance policies and bonds and shall provide to the superintendent satisfactory proof that all required coverage is in force."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(E)(5)	Shall	"All third party administrators shall demonstrate, to the satisfaction of the superintendent, that they have procured and maintained insurance and bonds in compliance with the requirements of division (C) of section 3959.11 of the Revised Code. All third party administrators shall notify the superintendent of each renewal of required insurance policies and bonds and shall provide to the superintendent satisfactory proof that all required coverage is in force."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(E)(6)	Shall	"Any change of officers, directors, partners, members, or trustees, and any change of shareholders or other owners or members holding five per cent or more of ownership of a third party administrator, or any change of the business address of any third party administrator shall be reported on a form provided by the department of insurance and filed with the department of insurance within fifteen days after the end of the month in which the change occurs."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(E)(7)	Shall	"Requisition forms for all third party administrator licenses shall be available upon request from the department of insurance."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-5-05	(F)	Shall	"The application for a third party administrator's license shall be accompanied by the following: (1) Acertificate of good standing from the Ohio secretary of state if a domestic corporation; (2) A certificate of good standing from the secretary of state of the state of domicile, if a foreign or alien corporation; (3) A statement that the third party administrator and its officers shall be responsible for the supervision of the actions of any and all personnel and subcontractors who adjust or settle claims on behalf of the third party administrator; (4) A nonrefundable filing fee as described in section 3959.06 of the Revised Code; and (5) Such other information as the superintendent may request."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	Yes, state law	No, general rulemaking authority

3901-8-05	(G)	Shall	In support of the application for license renewal, the third party administrator shall submit: (1)Proof that all insurance and bonds required by division (C) of section 3959.11of the Revised Code have been procured and are maintained continuously inforce. (2)A nonrefundable fee asdescribed in section 3959.10 of theRevised Code. (3)If a foreign oralien corporation or foreign person, a copy of the current home statecertification or its equivalent, dated within ninety days of the application,or a copy of the current license issued in the third party administrator'sUnited States state of domicile; (4)If a foreign or alien corporation or aforeign person's United States state of domicile does not provide for licensingof third party administrators, such person must provide with each renewalapplication proof from the domicile state that third party administrators arenot required to be licensed in that state. Renewal applicants with no homestate license requirements must satisfy the licensing requirements and allapplicable Ohio statutes and regulations in order to receive a license inOhio. (5)If any change ofofficers, directors, partners, members, or trustees, or any change ofshareholders or other owners or members holding five per cent or more ofownership of a third party administrator, or any change of the business addressof	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(I)	Other - prohibits an action	"In addition to the prohibitions found in section 3959.14 of the Revised Code, the following will apply: (1) No third party administrator shall commingle among its personal assets, or draw against for its own purposes, any monies or contributions of a plan sponsor or plan participant. All monies of plan sponsors held by the third party administrator must be held in a separatetrust account. (2) No third party administrator shall fail to remit insurance company premiums collected from the plan sponsor within the required policy period agreed to in writing between the insurance company or plan sponsor and the third party administrator; (3) No third party administrator shall place any insurance or reinsurance coverage on behalf of a plan sponsor with an insurer that is not licensed or an approved surplus lines carrier in Ohio; and (4) No third party administrator shall advertise any of its insured business underwritten by an insurer unless approved in writing by such insurer in advance of its use. (5) No third party administrator shall withhold from a plan sponsor any claim data, information or statistics pertaining to the plan sponsor, or refuse to provide such claim information for any reason within a reasonable period of time not to exceed fourteen days from the date of request."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-05	(J)(1)	Shall	"In addition to requirements found in division (B) of section 3959.14 of the Revised Code, any written proposal material provided to a prospective or existing plan sponsor shall include, but not be limited to, the following information: (a) In relation to any specific excess insurance or aggregate excess insurance, identification of all key terms of the policy, including but not limited to: (i) The name of the insurer. (ii) The amount of specific stop loss deductible and maximum benefit. (iii) The projected annual aggregate stop loss deductible, including monthly deductible factors per employee. (iv) The type of contract covering claims, including all provisions relevant to the period during which covered claims are to be incurred by the plan participants and the period during which covered claims must be paid by the plan claims administrator. (v) Any special contract provisions relevant to specified covered persons. (vi) Conditions under which the claims of any plan participants would not be coveredby the contract at the date of issue or at some future date.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(J)(2)	Must	"The information outlined in paragraph (J)(1) of this rule must be provided in advance ofeach plan year that the third party administrator provides administrative services for a plan sponsor."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.		
3901-8-05	(K)(1)	Must	"In addition to the requirements of section 3959.11 of the Revised Code, all written agreements must also contain, at a minimum, the following information: (a) The types of books and records the third party administrator will keep on behalf of the plan sponsor; (b) A statement to the effect that all records and files belong to the plan sponsor; (c) A representation of the existence of the required fidelity bond as noted in paragraph (E)(5) of this rule; (d) Disclosure of the existence of any stop loss insurance and the party responsible for procuring such insurance; (e) Disclosure of any ownership interest or material business relationship between the third party administrator or its officers, directors, shareholders, partners, or trustees, and any insurance, reinsurance, other ultimate risk bearer, or any other business entity with which the third party administrator proposes to contract as a result of the third party administrator's relationship with the plan sponsor; and (f) The method ofcollecting and holding any plan sponsor funds."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-05	(K)(2)	Shall	Where a policy or contract is issued to a trust, trustee or trustees of a benefit plan, a copy of the trust agreement and any amendments thereto shall be furnished to the plan sponsor by the third party administrator and shall be retained as part of the official records of the third party administrator for the duration of the contract and at least five years thereafter.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(L)	Shall	"When the services of a third party administrator are utilized, the third party administrator shall provide a written notice to plan participants advising them of the identity of and the relationship between the third party administrator, the plan sponsor, plan participant and any direct insurer."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(M)(1)	Shall	"Every third party administrator shall maintain within its principal office or branch office, the customary books and records of all transactions and information relative to covered persons or beneficiaries as prescribed in section 3959.15 of theRevised Code."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(M)(2)	Shall	"The superintendent shall have access to the general business books, records and other information of the third party administrator, but not of the plan sponsor unless the plan sponsor is itself subject to the superintendent's jurisdiction for the purpose of examination, audit and inspection."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(M)(3)	Shall	"An insurer or plan sponsor who enters into a written agreement with a third party administrator shall have access to such books and records of the third party administrator as is reasonably necessary to permit the insurer or plan sponsor to fulfill all of its contractual obligations to insureds or plan participants."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(N)(1)	Shall	"All third party administrators shall prepare an annual report to be filed with the plan sponsor within ninety days following the end of the fiscal year of the plan. Annual reports must include: (a) All information required in division (B) of section 3959.14 and division (I) of section 3959.15 of the Revised Code; (b) Any additional information required by the written agreement; and (c) The names of all insurance carriers providing any type of insurance coverage to the plan sponsor."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(N)(1)	Must	"All third party administrators shall prepare an annual report to be filed with the plan sponsor within ninety days following the end of the fiscal year of the plan. Annual reports must include: (a) All information required in division (B) of section 3959.14 and division (I) of section 3959.15 of the Revised Code; (b) Any additional information required by the written agreement; and (c) The names of all insurance carriers providing any type of insurance coverage to the plan sponsor."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(N)(2)	Must	"The third party administrator must list in such report any income received from any insurance, reinsurance or ultimate risk bearer, or any other business entity with which the third party administrator proposes to contract as a result of the third party administrator's relationship with the plan sponsor."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-05	(N)(3)	Shall	"A copy of the annual report shall be retained as part of the official records of the third party administrator for at least five years."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(O)(1)	Shall	"A third party administrator shall, at the request of the superintendent, respond in writing within fifteen working days to any complaint received by the superintendent concerning the third party administrator. Such complaint shall include those pertaining to improper adjudication of claims. If the superintendent determines, within the superintendent's discretion, that the frequency or severity of such complaints or infractions justify an examination of the third party administrator's practices and procedures, any such examination by the superintendent, or any persons designated by him, shall be at the expense of the third party administrator. In addition to any other remedy available to the superintendent, failure by the third party administrator to willingly and fully cooperate with this paragraph of the rule may result in either suspension, revocation or refusal to renew a license by the superintendent."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(O)(1)	Shall	"A third party administrator shall, at the request of the superintendent, respond in writing within fifteen working days to any complaint received by the superintendent concerning the third party administrator. Such complaint shall include those pertaining to improper adjudication of claims. If the superintendent determines, within the superintendent's discretion, that the frequency or severity of such complaints or infractions justify an examination of the third party administrator's practices and procedures, any such examination by the superintendent, or any persons designated by him, shall be at the expense of the third party administrator. In addition to any other remedy available to the superintendent, failure by the third party administrator to willingly and fully cooperate with this paragraph of the rule may result in either suspension, revocation or refusal to renew a license by the superintendent."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(O)(2)	Other - prohibits an action	Nothing in this paragraph shall limit or abridge any other investigatory powers of the superintendent vested in him byTitle XXXIX of the Revised Code.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(P)(1)	Shall	No third party administrator, officer, director, partner, trustee, agent or employee shall engage in any trade practice which is defined in sections 3901.19 to 3901.22 of the Revised Code as, or determined pursuant to these sections to be an unfair or deceptive act or practice. All relevant provisions of sections 3901.19 to 3901.22 of the Revised Code apply to third party administrators and their officers, directors, partners, trustees, agents or employees.	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-8-05	(P)(2)	Shall	"In addition to the practices deemed unfair and deceptive in sections 3901.19 to 3901.22 of the Revised Code, it shall be deemed an unfair or deceptive practice for any agent, broker, or third party administrator to commit or perform any of thefollowing: (a) Misrepresenting or withholding any data or information that has been provided by the plan sponsor, or obtainedby the third party administrator for the plan sponsor pursuant to its contract, or that is pertinent to underwriting conditions for a contract of insurance between the plan sponsor and any insurer, reinsurer or ultimate risk bearer; (b) Misrepresenting the existence or the terms of any actual or proposed insurance or reinsurance policy; (c) Failing to make an appropriate reply within fifteen working days to any inquiries of the department of insurance as they pertain to this rule or sections 3959.01 to 3959.16 and 3959.99 of the RevisedCode; and (d) Failing to submit requested documentation to the department of insurance as it applies to any complaints or inquiries regarding the business practices of a third party administrator."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(Q)(2)	Shall	"Nothing in this paragraph shall limit the power of the superintendent to impose any other penalties on a third party administrator who violates this rule pursuant to the authority vested in him by the Title XXXIX of the Revised Code."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-05	(R)	Shall Not	"If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041, 3959.01 to 3959.16, and 3959.99 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-8-06	(E)	Shall	Division(B)(1) of section 3901.46 of the Revised Code, provides that an insurer that requests an applicant to take an HIV test shall obtain the applicant's written consent for the test and shall inform the applicant of the purpose of the test. In obtaining the applicant's written consent to an HIV test, the insurer must use the exact form set forth in appendix I to this rule.	3901.041, 3901.46	Yes, state law	Yes, state law
3901-8-06	(E)	Must	Division(B)(1) of section 3901.46 of the Revised Code, provides that an insurer that requests an applicant to take an HIV test shall obtain the applicant's written consent for the test and shall inform the applicant of the purpose of the test. In obtaining the applicant's written consent to an HIV test, the insurer must use the exact form set forth in appendix I to this rule. Appendix I HIV test informed consent form	3901.041, 3901.46	Yes, state law	Yes, state law

3901-8-07	(B)(1)	Shall	This rule shall apply to any sickness and accident insurance "advertisement," as that term is hereinafter defined, intended for presentation, distribution or dissemination in this state when such presentation, distribution or dissemination is made either directly or indirectly by or on behalf of an insurer, agent, broker or solicitor as those terms are defined in the Revised Code and this rule.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(B)(2)	Shall	Every insurer shall establish and at all times maintain a system of control over the content, form and method of dissemination of all advertisements of its policies. All such advertisements, regardless of by whom written, created, designed or presented, shall be the responsibility of the insurer whose policies are so advertised.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(B)(3)	Shall	Advertisements that are reproduced in quantity shall be identified by form numbers or other identifying means. The identification shall be sufficient to distinguish an advertisement from any other advertising materials, policies, applications or other materials used by the insurer.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(C)(1)	Shall	An advertisement for the purpose of this rule shall include: (a) Printed and published material, audio-visual material, and descriptive literature of an insurer used in direct mail, newspapers, magazines, radioscripts, TV scripts, web sites and other internet displays or communications, other forms of electronic communications, billboards and similar displays; and (b) Descriptive literature and sales aids of all kinds issued by an insurer, agent or broker for presentation to members of the insurance buying public, including but not limited to circulars, leaflets, booklets, depictions, illustrations, and form letters and lead-generating devices of all kinds; (c) Prepared sales talks, presentations and material for use by agents; (d) Advertising material included with a policy when the policy is delivered and material used in the solicitations of renewals and reinstatements; (e) The definition of advertisement extends to the use of all media for communications to the general public, to the use of all media for communication to specific members of the general public, and to the use of all media for communications by agents; (f) The definition of advertisement does not include:	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
	(C)(2)	Shall	"Policy" for the purpose of this rule shall include any policy, plan, certificate, contract, agreement, statement of coverage, rider or endorsement which provides sickness or accident benefits, or medical, surgical or hospital expense benefits, whether on an indemnity, reimbursement, service or prepaid basis, except when issued in connection with another kind of insurance other than life, and except disability, waiver of premium and multiple indemnity benefits included in life insurance and annuity contracts.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority

3901-8-07	(C)(3)	Shall	"Insurer" for the purpose of this rule shall include any individual, corporation, association, partnership, reciprocal exchange, inter-insurer, Lloyds, fraternal benefit society, health insuring corporation, and any other legal entity which is defined as an "insurer" in the Revised Code and is engaged in the advertisement of itself or a policy as "policy" is herein defined.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(C)(4)	Shall	"Exception" for the purpose of this rule shall mean any provision in a policy whereby coverage for a specified hazard is entirely eliminated; it is a statement of a risk not assumed under the policy.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(C)(5)	Shall	"Reduction" for the purpose of this rule shall mean any provision which reduces the amount of the benefit; a risk of loss is assumed but payment upon the occurrence of such loss is limited to some amount or period less than would be otherwise payable had such reduction not been used.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(C)(6)	Shall	"Limitation" for the purpose of this rule shall mean any provision which hrestricts coverage under the policy other than an exception or a reduction.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(C)(7)	Shall	"Institutional advertisement" for the purpose of this rule shall mean an advertisement having as its sole purpose the promotion of the reader's, viewer's or listener's interest in the concept of sickness and accident insurance, or the promotion of the insurer as a seller of sickness and accident insurance.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(C)(8)	Shall	"Invitation to inquire" for the purpose of this rule shall mean an advertisement having as its objective the creation of a desire to inquire further about sickness and accident insurance and which is limited to a brief description of the loss for which benefits are payable, but may contain: (a) The dollar amount of benefit payable, and (b) The period of time during which the benefit is payable, provided the advertisement does not refer to cost. An invitation to inquire shall contain a provision in the following or substantially similar form: "This policy has (exclusions)(limitations) (reduction of benefits) (terms under which the policy may becontinued in force or discontinued). For costs and complete details of the coverage, call (or write) your insurance agent or the company (whichever is applicable)."	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(C)(9)	Shall	"Invitation to contract" for the purpose of this rule shall mean an advertisement which is neither an invitation to inquire nor an institutional advertisement.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(C)(10)	Shall	"Lead-generating device" for the purpose of this rule shall mean any communication directed to the public that, regardless of form, content, or stated purpose, is intended to result in the compilation or qualification of a list containing names and other personal information to be used to solicit residents of this state for the purchase of sickness and accident insurance.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(C)(11)	Shall	"Prominently" or"conspicuously" for the purpose of this rule shall mean that the information tobe disclosed prominently or conspicuously will be presented in such a manner that is noticeably set apart from other information or images in the advertisement.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority

3901-8-07	(D)	Shall	All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the contents of the advertisement so as to be confusing or misleading.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(E)(1)	Shall	The format and content of anadvertisement of a sickness or accident insurance policy shall be sufficiently complete and clear to avoid deception or the capacity or tendency to mislead o rdeceive. Format means the arrangement of the text and the captions.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(E)(2)	Must	Where an advertisement consists of more than one piece of material, each piece of material must, independent of all other pieces of material, conform to the disclosure requirements of this rule.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(E)(3)	Shall	Advertisements shall be truthful and not misleading in fact or in implication. Words or phrases, the meaning of which is clear only by implication or by familiarity with insurance terminology, shall not be used.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(E)(4)	Shall Not	An insurer, agent, or other person shall not solicit residents of this state for the purchase of sickness and accident insurance through the use of a true or fictitious name that is deceptive or misleading with regard to the status, character or proprietary or representative capacity of the person or the true purpose of the advertisement.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(E)(5)	Shall	Whether an advertisement has a capacity or tendency to mislead or deceive shall be determined by the superintendent of insurance from the overall impression that the advertisement may be reasonably expected to create upon a person of average education or intelligence, within the segment of the public to which it is directed.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(E)(6)	Shall	An insurer shall clearly identify its sickness and accident policy as an insurance policy. A policy trade name shall be followed by the words "insurance policy" or similar words clearly identifying the fact that an insurance policy or health benefits product (in the case of health insuring corporations, prepaid health plans and other direct service organizations) is being offered.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(E)(7)	Shall Not	An insurer, agent, or other person shall not solicit a resident of this state for the purchase of sickness and accident insurance in connection with or as a result of the use of advertisement by the person or any other persons, where the advertisement: (a) Contains any misleading representations or misrepresentations, or is otherwise untrue, deceptive, or misleading with regard to the information imparted, the status, character or representative capacity of the person or the true purpose of the advertisement; or (b)Otherwise violates the provisions of this rule.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority

3901-8-07	(F)(1)(a)	Prohibit	The use of deceptive words, phrases or illustrations in advertisements of sickness and accident insurance is prohibited. (a) An advertisement that fails to state clearly the type of insurance coverage that is being offered is prohibited.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(F)(1)(b)	Other - prohibits an action	The use of deceptive words, phrases orillustrations in advertisements of sickness and accident insurance isprohibited. (b) No advertisement shall omit information or use words, phrases, statements, references or illustrations if the omission of such information or use of such words, phrases, statements, references or illustrations has the capacity, tendency or effect of misleading or deceiving purchasers or prospective purchasers as to the nature or extent of any policy benefit payable, loss covered or premium payable. The fact that the policy offered is made available to a prospective insured for inspection prior to consummation of the sale or an offer is made to refund the premium if the purchaser is not satisfied does not remedy misleading statements.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(F)(1)(c)	Other - prohibits an action	The use of deceptive words, phrases or illustrations in advertisements of sickness and accident insurance is prohibited. (c) No advertisement shall contain or use words or phrases such as, "all," "full," "complete," "comprehensive," "unlimited," "up to," "as high as," "this policy will help pay your hospital and surgical bills," "this policy will help fill some of the gaps that medicare and your present insurance leave out," "this policy will help to replace your income" when used to express loss of time benefits, or similar words and phrases, in a manner which exaggerates any benefits beyond the terms of the policy.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(F)(1)(d)	Shall Not	The use of deceptive words, phrases or illustrations in advertisements of sickness and accident insurance isprohibited. (d)Anadvertisement shall not contain descriptions of a policy limitation, exception, or reduction worded in a positive manner to imply that it is a benefit, such as describing a waiting period as a "benefit builder" or stating "even pre-existing conditions are covered after two years." Words and phrases used in an advertisement to describe such policy limitations, exceptions and reductions shall fairly and accurately describe the negative features of such limitations, exceptions and reductions of the policy offered.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-8-07	(F)(1)(e)	Other - prohibits an action	The use of deceptive words, phrases or illustrations in advertisements of sickness and accident insurance isprohibited. (e) No advertisement of a benefit for which payment is conditional upon confinement in a hospital or similar facility shall use words or phrases such as "tax free," "extra cash," "extra income," "extra pay," or substantially similar words or phrases in a manner which has the capacity, tendency or effect of misleading the public into believing that the policy advertised will, in some way, enable them to make a profit from being hospitalized.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(F)(1)(f)	Other - prohibits an action	The use of deceptive words, phrases or illustrations in advertisements of sickness and accident insurance is prohibited. (f)No advertisementof a hospital or other similar facility confinement benefit shall advertise that the amount of the benefit is payable on a monthly or weekly basis when, in fact, the amount of the benefit payable is based upon a daily pro rata basis relating to the number of days of confinement unless such statements of such monthly or weekly benefit amounts are preceded immediately by equally prominent statements of the benefit payable on a daily basis; for example, the following statement is acceptable: "$ 33.33 a day ($1, 000.00 a month)." When the policy contains a limit on the number of days of coverage provided, such limit must appear in the advertisement.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(F)(1)(g)	Other - prohibits an action	The use of deceptive words, phrases or illustrations in advertisements of sickness and accident insurance is prohibited. (g)No advertisement of a policy covering only one disease or a list of specified diseases shall imply coverage beyond the terms of the policy. Synonymous terms shall not be used to refer to any disease so as to imply broader coverage than is the fact.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(F)(1)(h)	Shall	The use of deceptive words, phrases or illustrations in advertisements of sickness and accident insurance is prohibited. (h)An advertisementfor a policy providing benefits for specified illnesses only, such as cancer, or for specified accidents only, such as automobile accidents, shall clearly and conspicuously in prominent type state the limited nature of the policy. The statement shall be worded in language identical to or substantially similar to the following: "THIS IS A LIMITED POLICY," "THIS POLICY PROVIDES LIMITED BENEFITS," "THIS IS A CANCER ONLY POLICY," "THIS IS AN AUTOMOBILE ACCIDENT ONLY POLICY."	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-8-07	(F)(1)(i)	Shall Not	The use of deceptive words, phrases or illustrations in advertisements of sickness and accident insurance is prohibited. (i) An advertisement of a direct response insurance product shall not imply that because "no insurance agent will call and no commissions will be paid to agents" that it is "a low cost plan," or use other similar words or phrases because the cost of advertising and servicing such policies is a substantial cost in the marketing of a direct response insurance product.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(F)(2)(a)	Shall	When an advertisement which is an invitation to contract refers to either a dollar amount, or a period of time for which any benefit is payable, or the cost of the policy, or specific policy benefit, or the loss for which such benefit is payable, it shall also disclose those exceptions, reductions and limitations affecting the basic provisions ofthe policy without which the advertisement would have the capacity or tendency to mislead or deceive.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(F)(2)(b)	Shall	When a policy contains a waiting, elimination, probationary or similar time period between the effective date of the policy and the effective date of coverage under the policy or a time period between the date a loss occurs and the date benefits begin to accrue for such loss, an advertisement which is subject to the requirements of the preceding paragraph shall disclose the existence of such periods.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(F)(2)(c)	Shall Not	An advertisement shall not use the words "only," "just," "merely," "minimum," or similar words or phrases to describe the applicability of any exceptions and reductions, such as: "This policy is subject to the following minimum exceptions and reductions."	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(F)(3)(a)	Shall	An advertisement which is subject to the requirements of paragraph (F)(2) of this rule shall, in negative terms, disclose the extent to which any loss is not covered if the cause of such loss is traceable to a condition existing prior to the effective date of the policy. The use of the term "pre-existing condition" without an appropriate definition or description is not permissible.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(F)(3)(b)	Other - prohibits an action	When a policy contains a waiting, elimination, probationary or similar time period between the effective date of the policy and the effective date of coverage under the policy or a time period between the date a loss occurs and the date benefits begin to accrue for such loss, an advertisement which is subject to the requirements of the preceding paragraph shall disclose the existence of such periods.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-8-07	(F)(3)(c)	Shall	When an advertisement contains an application form to be completed by the applicant and returned by mail for a direct-response insurance product, such application form shall contain a question which reflects the pre-existing condition provisions of the policy immediately preceding the blank space for the applicant's signature. For example, such an application form shall contain a question substantially as follows: "Do you understand that this policy will not pay benefits during the first ____ year(s) after the issue date for a disease or physical conditions which you now have or have had in the past?" _____ YES. Or substantially the following statement: "I understand that the policy applied for will not pay benefits for any loss incurred during the first ____ year(s) after the issue date on account of disease or physical conditions which I now have or have had in the past."	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(G)	Shall	When an advertisement which is an invitation to contract refers to either a dollar amount or a period of time for which any benefit is payable, or the cost of the policy, or specific policy benefit, or the loss for which such benefit is payable, it shall disclose the provisions relating to renewability, cancellability and termination and any modification of benefits, losses covered or premiums because of age or for other reasons in a manner which shall not minimize or render obscure the qualifying conditions.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(H)(1)	Shall	An insurer, directly or through its agents, shall: (a) Establish marketing procedures to assure that any comparison of policies by its agents will be fair and accurate; (b) Establish marketing procedures assuring excessive insurance is not sold or issued. (c) Establish auditable procedures for verifying compliance with this subparagraph.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-8-07	(H)(2)	Prohibit	In addition to the practices prohibited in sections 3901.19 to 3901.21of the Revised Code, the following acts and practices are prohibited: (a) Twisting, knowingly making any misleading representation or incomplete or fraudulent comparison of insurance policies or insurers for the purpose of inducing, or tending to induce, a person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on, or convert aninsurance policy, or take out a policy of insurance with another insurer; (b) High pressure tactics. Employing a method of marketing that has the effect of inducing the purchase of insurance, or tends to induce the purchase of insurance through force, fright, threat, whether explicit or implied, or undue pressure to purchase or recommend the purchase of insurance; and (c) Cold lead advertising. Making use directly or indirectly of any method of marketing that fails to disclose in a conspicuous manner that a purpose of the method of marketing is solicitation of insurance and that contact will be madeb y an insurance agent or insurer.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(I)(1)	Must	Testimonials used in advertisements must be genuine, represent the current opinion of the author, be applicable to the policy advertised and be accurately reproduced. The insurer, in using a testimonial, makes as its own all of the statements contained therein, and the advertisement, including such statement, is subject to all the provisions of this rule. When a testimonial or endorsement is used more than one year after it was originally given, a confirmation must be obtained.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(I)(2)	Shall	If the person making a testimonial, an endorsement or an appraisal has a financial interest in the insurer or a related entity as a stockholder, director, officer, employee, or otherwise, such fact shall be disclosed in the advertisement. If a person is compensated for making a testimonial, endorsement or appraisal, such fact shall be disclosed in the advertisement by language substantially as follows: "Paid Endorsement." This disclosure shall be in a type style and size at least equal to that used for the person's name or the body of the testimonial or endorsement, whichever is larger. In the case of television or radio advertising, the required disclosure shall be accomplished in the introductory portion of the advertisement and shall be given prominence. This rule does not require disclosure of union "scale" wages required by union rules if the payment is actually for such "scale" for TV or radio performances. The payment of substantial amounts, directly or indirectly, for "travel and entertainment" for filming or recording of TV or radio advertisements removes the filming or recording from the category of an unsolicited testimonial and requires disclosure of such compensation.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-8-07	(I)(3)	Shall Not	An advertisement shall not state or imply that an insurer or a policy has been approved or endorsed by any individual, group of individuals, society, association or other organizations, unless such is the fact, and unless any proprietary relationship between an organization and the insurer is disclosed. If the entity making the endorsement or testimonial has been formed by the insurer or is owned or controlled by the insurer or the person or persons who own or control the insurer, such fact shall be disclosed in the advertisement. If the insurer or an officer of the insurer formed or controls or holds any policy-making position in the entity making the endorsement or testimonial, that fact must be disclosed.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(I)(4)	Shall	When a testimonial refers to benefits received under a policy, the specific claim data, including claim number, date of loss, and other pertinent information shall be retained by the insurer for inspection for a period of four years or until the filing of the next regular report of examination of the insurer, whichever is the longer period of time.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(I)(5)	Other - prohibits an action	The use of testimonials that do not correctly reflect the present practices of the insurer or that are not applicable to the policy or benefit being advertised is not permissible.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(J)(1)	Shall Not	An advertisement relating to the dollar amounts of claims paid, the number of persons insured, or similar statistical information relating to any insurer or policy shall not use irrelevant facts, and shall not be used unless it accurately reflects all of the current and relevant facts. Such an advertisement shall not imply that such statistics are derived from the policy advertised unless such is the fact, and when applicable to other policies or plans shall specifically so state. Where statistics are given that are applicable to a different policy, it shall be stated clearly that the data do not relate to the policy being advertised.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(J)(2)	Shall Not	An advertisement shall not represent or imply that claim settlements by the insurer are "liberal" or "generous," or use words of similar import, or that claim settlements are or will be beyond the actual terms of the contract. An amount paid for a unique claim for the policy advertised is misleading and shall not be used.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(J)(3)	Shall	The source of any statistics used in an advertisement shall be identified in such advertisement.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(K)(1)	Shall	When a choice of the amount of benefits is referred to, an advertisement which is an invitation to contract shall disclose that the amount of benefits provided depends upon the plan selected and that the premium will vary with the amount of the benefits selected.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(K)(2)	Shall	When an advertisement which is an invitation to contract refers to various benefits which may be contained in two or more policies, other than group master policies, the advertisement shall disclose that such benefits are provided only through a combination of such policies.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-8-07	(L)(1)	Shall Not	An advertisement shall not directly or indirectly make unfair or incomplete comparisons of policies or benefits or comparisons of non-comparable policies of other insurers, and shall not disparage competitors, their policies, services or business methods, and shall not disparage or unfairly minimize competing methods of marketing insurance.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(L)(2)	Shall Not	An advertisement shall not contain statements such as "no red tape" or "here is all you have to do to receive benefits."	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(L)(3)	Prohibit	Advertisements that state or imply that competing insurance coverages customarily contain certain exceptions, reductions or limitations not contained in the advertised policies are prohibited unless the exceptions, reductions or limitations are contained in a substantial majority of the competing coverages.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(L)(4)	Prohibit	Advertisements that state or imply that an insurer's premiums are lower or that its loss ratios are higher because its organizational structure differs from that of competing insurers are prohibited.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(M)(1)	Shall Not	An advertisement which is intended to be seen or heard beyond the limits of the jurisdiction in which the insurer is licensed shall not imply licensing beyond those limits.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(M)(2)	Shall Not	An advertisement shall not create the impression directly or indirectly that the insurer, its financial condition or status, or the payment of its claims, or the merits, desirability, or advisability of its policy forms or kinds or plans of insurance are approved, endorsed, or accredited by any division or agency of this state or the federal government.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(N)(1)	Shall	The name of the actual insurer shall be stated in all of its advertisements. The form number or numbers of the policy advertised shall be stated in an advertisement which is an invitation to contract. An advertisement shall not use a trade name, an insurance group designation, name of the parent company of the insurer, name of a particular division of the insurer, service mark, slogan, symbol or other device which without disclosing the name of the actual insurer would have the capacity and tendency to mislead or deceive as to the true identity of the insurer.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(N)(2)	Other - prohibits an action	No advertisement shall use any combination of words, symbols or physical materials which by its content, phraseology, shape, color or other characteristics is so similar to combination of words, symbols or physical materials used by agencies of the federal government or of this state, or otherwise appear to be of such a nature that it tends to confuse or mislead prospective insureds into believing that the solicitation is in some manner connected with an agency of the municipal, state, or federal government.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(N)(3)	Shall Not	An advertisement shall not use the name of a state or political subdivision of a state in a policy name or description.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-8-07	(O)(1)	Shall Not	An advertisement of a particular policy shall not state or imply that prospective insureds become group or quasi-group members covered under a group policy and as such enjoy special rates orunderwriting privileges, unless such is the fact.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(O)(2)	Shall	An advertisement to join an association, trust or discretionary group that is also an invitation to contract for insurance coverage shall clearly disclose that the applicant will be purchasing both membership in the association, trust or discretionary group and insurance coverage. The insurer shall solicit insurance coverage on a separate and distinct application that requires a separate signature. The separate and distinct applications required need not be on separate documents or contained in separate mailing. The insurance program shall be presented so as not to conceal the fact that the prospective members are purchasing insurance as well as applying for membership, if that is the case. Similarly, it is prohibited to use terms such as "enroll" or "join" to imply group or blanket insurance coverage when that is not the fact.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(P)(1)(a)	Shall Not	An advertisement of an individual policy shall not directly or by implication represent that a contract or combination of contracts is an introductory, initial or special offer, or that applicants will receive substantial advantages not available at a later date, or that the offer is available only to a specified group of individuals, unless such is the fact. An advertisement shall not contain phrases describing an enrollment period as "special,""limited," or in similar words or phrases when the insurer uses such enrollment periods as the usual method of advertising sickness and accident insurance.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(P)(1)(b)	Shall Not	An enrollment period during which a particular insurance product may be purchased on an individual basis shall not be offered within this state unless there has been a lapse of not less than six months between the close of the immediately preceding enrollment period for the same product and the opening of the new enrollment period. The advertisement shall indicate the date by which the applicant must mail the application which shall be not less than ten days and not more than forty days from the date that such enrollment period is advertised for the first time.This rule applies to all advertising media, i.e., mail, newspapers, radio, television, website and other internet displays or communications, other forms of electronic communications, billboards and similar displays, magazines and periodicals, by any one insurer. It is inapplicable to solicitations of employees or members of a particular group or association which otherwise would be eligible under specific provisions of the Revised Code for group, blanket or franchise insurance. The phrase "any one insurer" includes all the affiliated companies of a group of insurance companies under common management or control.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-8-07	(P)(1)(c)	Prohibit	This rule prohibits any statement or implication to the effect that only a specific number of policies will be sold, or that a time is fixed for the discontinuance of the sale of the particular policy advertised because of special advantages available in the policy, unless such is the fact.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(P)(1)(d)	Shall Not	The phrase "a particular insurance product" in paragraph (P)(1)(b) of this rule encompasses insurance policies which provide substantially different benefits than those contained in any other policy. Different terms of renewability, an increase or decrease in the dollar amounts of benefits, or an increase or decrease in any elimination period or waiting period from those available during an enrollment period for another policy shall not be sufficient to constitute the product being offered as a different product eligible for concurrent or overlapping enrollment periods.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(P)(2)	Shall Not	An advertisement shall not offer a policy which utilizes a reduced initial premium rate in a manner which over-emphasizes the availability and the amount of the initial reduced premium. When an insurer charges an initial premium that differs in amount from the amount of the renewal premium payable on the same mode, the advertisement shall not display the amount of the reduced initial premium either more frequently or more prominently than the renewal premium, and both the initial reduced premium and the renewal premium must be stated in juxtaposition in each portion of the advertisement where the initial reduced premium appears.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(P)(3)	Shall Not	Special awards, such as a "safe driver's award" shall not be used in connection with advertisements of accident or sickness and accident insurance.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(Q)	Shall Not	An advertisement shall not contain statements which are untrue in fact, or by implication misleading, with respect to the assets, corporate structure, financial standing, age or relative position of the insurer in the insurance business. An advertisement shall not contain a recommendation by any commercial rating system unless it clearly indicates the purpose of the recommendation and the limitations of the scope and extent of the recommendation.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(R)(1)	Shall	Each insurer shall maintain at its home or principal office a complete file containing every printed, published or prepared advertisement of its individual policies and typical printed, published or prepared advertisements of its blanket, franchise and group policies hereafter disseminated in this or any other state whether or not licensed in such other state, with a notation attached to each such advertisement which shall indicate the manner and extent of distribution and the form number of any policy advertised. Such file shall be subject to regular and periodical inspection by this department. All such advertisements shall be maintained in said file for a period of either four years or until the filing of the next regular report on examination of the insurer, whichever is the longer period of time.	3901.041	No, general rulemaking authority	No, general rulemaking authority

3901-8-07	(R)(2)	Must	Each insurer required to file an annual statement which is now or which hereafter becomes subject to the provisions of this rule must file with this department with its annual statement a certificate of compliance executed by an authorized officer of the insurer wherein it is stated that to the best of the officer's knowledge, information and belief, the advertisements which were disseminated by the insurer during the preceding statement year complied or were made to comply in all respects with the provisions of this rule and the insurance laws of this state as implemented and interpreted by this rule.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-8-07	(S)	Shall Not	If any paragraph or portion of a paragraph of this rule, or the applicability thereof to any person or circumstance is held invalid by a court, the remainder of the rule, or the applicability of such provision to other persons or circumstances, shall not be affected thereby.	3901.041, 3923.16	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(K)(6)(g)	Shall	Standardized medicare supplement benefit plan "G" shall include only the following: the basic (core) benefit as defined in paragraph (I)(2) of this rule, plus one hundred per cent of the medicare "Part A" deductible, skilled nursing facility care, one hundred per cent of the medicare "Part B" excess charges, and medically necessary emergency care in a foreign country as defined in paragraphs (I)(3)(a), (I)(3)(c), (I)(3)(e) and (I)(3) (f) of this rule, respectively. Effective January 1, 2020, the standardized benefit plans described in paragraph (L)(1)(d) of the rule (redesignated plan G high deductible) may be offered to any individual who was eligible for medicare prior to January 1, 2020.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(K)(6)(h)	Shall	Standardized medicare supplement plan "K" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(K)(6)(h)(i)	Shall	Standardized medicare supplement plan "K" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: Part A" hospital coinsurance, sixty-first through ninetieth days: coverage of one hundred per cent of the "Part A" hospital coinsurance amount for each day used from the sixty-first through the ninetieth day in any medicare benefit period;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(K)(6)(h)(ii)	Shall	Standardized medicare supplement plan "K" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: "Part A" hospital coinsurance, ninety-first through one hundred fiftieth days: coverage of one hundred per cent of the "Part A" hospital coinsurance amount for each medicare lifetime inpatient reserve day used from the ninety-first through the one hundred fiftieth day in any medicare benefit period;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law

3901-8-08	3901-8-08(K)(6)(h)(iii)	Shall	Standardized medicare supplement plan "K" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: "Part A" hospitalization after lifetime reserve days are exhausted: Upon exhaustion of the medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred per cent of the medicare "Part A" eligible expenses for hospitalization paid at the applicable prospective payment system ("PPS") rate, or other appropriate medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(K)(6)(h)(iii)	shall	Standardized medicare supplement plan "K" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: "Part A" hospitalization after lifetime reserve days are exhausted: Upon exhaustion of the medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred per cent of the medicare "Part A" eligible expenses for hospitalization paid at the applicable prospective payment system ("PPS") rate, or other appropriate medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(K)(6)(h)(iv)	Shall	Standardized medicare supplement plan "K" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: Medicare "Part A" deductible: coverage for fifty per cent of the medicare "Part A" inpatient hospital deductible amount per benefit period until the out-of-pocket limitation is met as described in paragraph (K)(6)(h)(x) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(K)(6)(h)(v)	Shall	Standardized medicare supplement plan "K" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: Skilled nursing facility care: coverage for fifty per cent of the coinsurance amount for each day used from the twenty-first day through the one hundredth day in a medicare benefit period for post-hospital skilled nursing facility care eligible under medicare "Part A" until the out-of-pocket limitation is met as described in paragraph (K)(6)(h)(x) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(K)(6)(h)(vi)	Shall	Standardized medicare supplement plan "K" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: Hospice care: coverage for fifty per cent of cost sharing for all "Part A" medicare eligible expenses and respite care until the out-of-pocket limitation is met as described in paragraph (K)(6)(h)(x) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law

3901-8-08	3901-8-08(K)(6)(h)(vii)	Shall	Standardized medicare supplement plan "K" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: Blood: coverage for fifty per cent, under medicare "Part A" or "B," of the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations until the out-of-pocket limitation is met as described paragraph (K)(6)(h)(x) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(K)(6)(h)(viii)	Shall	Standardized medicare supplement plan "K" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: "Part B" cost sharing: except for coverage provided in paragraph (K) (6)(h)(ix) of this rule, coverage for fifty per cent of the cost sharing otherwise applicable under medicare "Part B" after the policyholder pays the deductible until the out-of-pocket limitation is met as described in paragraph (K)(6)(h)(x) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(K)(6)(h)(ix)	Shall	Standardized medicare supplement plan "K" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: "Part B" preventive services: coverage of one hundred per cent of the cost sharing for medicare "Part B" preventive services after the policyholder pays the "Part B" deductible; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(K)(6)(h)(x)	Shall	Standardized medicare supplement plan "K" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: Cost sharing after out-of-pocket limits: coverage of one hundred per cent of all cost sharing under medicare "Parts A" and "B" for the balance of the calendar year after the individual has reached the out-of-pocket limitation on annual expenditures under medicare "Parts A" and "B" of four thousand dollars in 2006, indexed each year by the appropriate inflation adjustment specified by the secretary of the "United States" department of health and human services.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(K)(6)(i)(i)	Shall	Standardized medicare supplement plan "L" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(K)(6)(i)(ii)	Shall	Standardized medicare supplement plan "L" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: The benefit described in paragraphs (K)(6)(h)(iv), (K)(6)(h)(v), (K)(6)(h)(vi), (K)(6)(h)(vii) and (K)(6)(h)(viii) of this rule, but substituting seventy-five per cent for fifty per cent; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(K)(6)(i)(iii)	Shall	Standardized medicare supplement plan "L" is mandated by the "Medicare Prescription Drug, Improvement and Modernization Act of 2003," and shall include only the following: The benefit described in paragraph (K)(6)(h)(x) of this rule, but substituting two thousand dollars for four thousand dollars.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law

3901-8-08	3901-8-08(K)(6)(j)	Shall	Standardized medicare supplement plan "M" shall include only the following: the basic (core) benefit as defined in paragraph (I)(2) of this rule, plus fifty per cent of the medicare "Part A" deductible, skilled nursing facility care, and medically necessary emergency care in a foreign country as defined in paragraphs (I)(3)(b), (I)(3)(c) and (I)(3)(f) of this rule, respectively.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(K)(6)(k)	Shall	Standardized medicare supplement plan "N" shall include only the following: the basic (core) benefit as defined in paragraph (I)(2) of this rule, plus one hundred per cent of the medicare "Part A" deductible, skilled nursing facility care, and medically necessary emergency care in a foreign country as defined in paragraphs (I)(3)(a), (I)(3)(c) and (I)(3)(f) of this rule, respectively, with copayments in the following amounts:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(K)(6)(k)(i)	Shall	Standardized medicare supplement plan "N" shall include only the following: the basic (core) benefit as defined in paragraph (I)(2) of this rule, plus one hundred per cent of the medicare "Part A" deductible, skilled nursing facility care, and medically necessary emergency care in a foreign country as defined in paragraphs (I)(3)(a), (I)(3)(c) and (I)(3)(f) of this rule, respectively, with copayments in the following amounts: The lesser of twenty dollars or the medicare "Part B" coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists); and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(K)(6)(k)(ii)	Shall	Standardized medicare supplement plan "N" shall include only the following: the basic (core) benefit as defined in paragraph (I)(2) of this rule, plus one hundred per cent of the medicare "Part A" deductible, skilled nursing facility care, and medically necessary emergency care in a foreign country as defined in paragraphs (I)(3)(a), (I)(3)(c) and (I)(3)(f) of this rule, respectively, with copayments in the following amounts: The lesser of fifty dollars or the medicare "Part B" coinsurance or copayment for each covered emergency room visit, however, this copayment shall be waived if the insured is admitted to any hospital and the emergency visit is subsequently covered as a medicare "Part A" expense.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(K)(7)	Shall	New or innovative benefits: an issuer may, with the prior approval of the superintendent, offer policies or certificates with new or innovative benefits, in addition to the standardized benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits shall include only benefits that are appropriate to medicare supplement insurance, are new or innovative, are not otherwise available, and are cost effective. Approval of new or innovative benefits must not adversely impact the goal of medicare supplement simplification. New or innovative benefits shall not include an outpatient prescription drug benefit. New or innovative benefits shall not be used to change or reduce benefits, including a change of any cost-sharing provision, in any standardized plan.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(K)(7)	Must	New or innovative benefits: an issuer may, with the prior approval of the superintendent, offer policies or certificates with new or innovative benefits, in addition to the standardized benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits shall include only benefits that are appropriate to medicare supplement insurance, are new or innovative, are not otherwise available, and are cost effective. Approval of new or innovative benefits must not adversely impact the goal of medicare supplement simplification. New or innovative benefits shall not include an outpatient prescription drug benefit. New or innovative benefits shall not be used to change or reduce benefits, including a change of any cost-sharing provision, in any standardized plan.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(K)(7)	Shall	New or innovative benefits: an issuer may, with the prior approval of the superintendent, offer policies or certificates with new or innovative benefits, in addition to the standardized benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits shall include only benefits that are appropriate to medicare supplement insurance, are new or innovative, are not otherwise available, and are cost effective. Approval of new or innovative benefits must not adversely impact the goal of medicare supplement simplification. New or innovative benefits shall not include an outpatient prescription drug benefit. New or innovative benefits shall not be used to change or reduce benefits, including a change of any cost-sharing provision, in any standardized plan.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(K)(7)	Shall	New or innovative benefits: an issuer may, with the prior approval of the superintendent, offer policies or certificates with new or innovative benefits, in addition to the standardized benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits shall include only benefits that are appropriate to medicare supplement insurance, are new or innovative, are not otherwise available, and are cost effective. Approval of new or innovative benefits must not adversely impact the goal of medicare supplement simplification. New or innovative benefits shall not include an outpatient prescription drug benefit. New or innovative benefits shall not be used to change or reduce benefits, including a change of any cost-sharing provision, in any standardized plan.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(L)	Must	Standard medicare supplement benefit plans for year 2020 standardized medicare supplement benefit plan policies or certificates issued for delivery to individuals newly eligible for medicare on or after January 1, 2020. The "Medicare Access and CHIP Reauthorization Act" of 2015 (MACRA) requires the following standards are applicable to all medicare supplement policies or certificates delivered or issued for delivery in this state to individuals newly eligible for medicare on or after January 1, 2020. No policy or certificate that provides coverage of the medicare "Part B" deductible may be advertised, solicited, delivered or issued for delivery in this state as a medicare supplement policy or certificate to individuals newly eligible for medicare on or after January 1, 2020. All policies must comply with the following benefit standards. Benefit plan standards applicable to medicare supplement policies and certificates issued to individuals eligible for medicare before January 1, 2020, remain subject to the requirements of paragraph (K) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(L)(1)	Shall	Benefit requirements. The standards and requirements of paragraph (K) of this rule shall apply to all medicare supplement policies or certificates delivered or issued for delivery to individuals newly eligible for medicare on or after January 1, 2020, with the following exceptions:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(L)(1)(a)	Shall	Standardized medicare supplement benefit plan "C" is redesignated as plan "D" and shall provide the benefits contained in paragraph (K)(6)(c) of this rule but shall not provide coverage for one hundred per cent or any portion of the medicare "Part B" deductible.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(L)(1)(b)	Shall	Standardized medicare supplement benefit plan "F" is redesignated as plan "G" and shall provide the benefits contained in paragraph (K)(6)(e) of this rule but shall not provide coverage for one hundred per cent or any portion of the medicare "Part B" deductible.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(L)(1)(c)	May Not	Standardized medicare supplement benefit plans "C," "F," and "F with High Deductible" may not be offered to individuals newly eligible for medicare on or after January 1, 2020.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(L)(1)(d)	Shall	Standardized medicare supplement benefit "Plan F With High Deductible" is redesignated as "Plan G With High Deductible" and shall provide the benefits contained in paragraph (K)(6)(f) of this rule but shall not provide coverage for one hundred per cent or any portion of the medicare "Part B" deductible; provided further that, the medicare "Part B" deductible paid by the beneficiary shall be considered an out-of-pocket expense in meeting the annual high deductible.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(L)(2)	Prohibit	Applicability to certain individuals. Paragraph (L) of this rule, applies to only individuals that are newly eligible for medicare on or after January 1, 2020.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(L)(3)	Shall	Guaranteed issue for eligible persons. For purposes of paragraph (O)(5) of this rule, in the case of any individual newly eligible for medicare on or after January 1, 2020, any reference to a medicare supplement policy "C" or "F" (including "F With High Deductible") shall be deemed to be a reference to medicare supplement policy "D" or "G" (including "G With High Deductible"), respectively, that meet the requirements of paragraph (L)(1) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(1)(a)	Shall	This paragraph shall apply to medicare select policies and certificates, as defined in this paragraph.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(1)(b)	Other - prohibits an action	No policy or certificate may be advertised as a medicare select policy or certificate unless it meets the requirements of this paragraph.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(4)	Shall Not	A medicare select issuer shall not issue a medicare select policy or certificate in this state until its plan of operation has been approved by the superintendent.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)	Shall	A medicare select issuer shall file a proposed plan of operation with the superintendent in a format prescribed by the superintendent. The plan of operation shall contain at least the following information:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(a)(i)	Shall	A medicare select issuer shall file a proposed plan of operation with the superintendent in a format prescribed by the superintendent. The plan of operation shall contain at least the following information: Evidence that all covered services that are subject to restricted network provisions are available and accessible through network providers, including a demonstration that: Services can be provided by network providers with reasonable promptness with respect to geographic location, hours of operation and after-hour care. The hours of operation and availability of after-hour care shall reflect usual practice in the local area. Geographic availability shall reflect the usual travel times within the community.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(a)(ii)	Shall	Evidence that all covered services that are subject to restricted network provisions are available and accessible through network providers, including a demonstration that: The number of network providers in the service area is sufficient, with respect to current and expected policyholders, either:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(a)(ii)(a)	Shall	The number of network providers in the service area is sufficient, with respect to current and expected policyholders, either: To deliver adequately all services that are subject to a restricted network provision; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(a)(ii)(b)	Shall	The number of network providers in the service area is sufficient, with respect to current and expected policyholders, either: To make appropriate referrals.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(a)(iii)	Shall	The number of network providers in the service area is sufficient, with respect to current and expected policyholders, either: There are written agreements with network providers describing specific responsibilities.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(a)(iv)	Shall	Evidence that all covered services that are subject to restricted network provisions are available and accessible through network providers, including a demonstration that: Emergency care is available twenty-four hours per day and seven days per week.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(M)(5)(a)(v)	Shall	Evidence that all covered services that are subject to restricted network provisions are available and accessible through network providers, including a demonstration that: In the case of covered services that are subject to a restricted network provision and are provided on a prepaid basis, there are written agreements with network providers prohibiting the providers from billing or otherwise seeking reimbursement from or recourse against any individual insured under a medicare select policy or certificate. This paragraph shall not apply to supplemental charges or coinsurance amounts as stated in the medicare select policy or certificate.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(a)(v)	Shall	Evidence that all covered services that are subject to restricted network provisions are available and accessible through network providers, including a demonstration that: In the case of covered services that are subject to a restricted network provision and are provided on a prepaid basis, there are written agreements with network providers prohibiting the providers from billing or otherwise seeking reimbursement from or recourse against any individual insured under a medicare select policy or certificate. This paragraph shall not apply to supplemental charges or coinsurance amounts as stated in the medicare select policy or certificate.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(b)	Shall	The plan of operation shall contain at least the following information: A statement or map providing a clear description of the service area.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(c)	Shall	The plan of operation shall contain at least the following information: A description of the grievance procedure to be utilized.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(d)(i)	Shall	A description of the quality assurance program, including The formal organizational structure	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(d)(ii)		A description of the quality assurance program, including The written criteria for selection, retention and removal of network providers; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(d)(iii)	Shall	A description of the quality assurance program, including The procedures for evaluating quality of care provided by network providers, and the process to initiate corrective action when warranted.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(e)	Shall	The plan of operation shall contain at least the following information: A list and description, by specialty, of the network providers.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(f)	Shall	The plan of operation shall contain at least the following information: Copies of the written information proposed to be used by the issuer to comply with paragraph (M)(9) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(5)(g)	Shall	The plan of operation shall contain at least the following information: Any other information requested by the superintendent.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(6)(a)	Shall	A medicare select issuer shall file any proposed changes to the plan of operation, except for changes to the list of network providers, with the superintendent prior to implementing such changes. Such changes shall be considered approved by the superintendent after thirty days unless specifically disapproved.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(6)(b)	Shall	An updated list of network providers shall be filed with the superintendent at least quarterly.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(M)(7)	Shall	A medicare select policy or certificate shall not restrict payment for covered services provided by non-network providers if:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(7)(a)	Shall	A medicare select policy or certificate shall not restrict payment for covered services provided by non-network providers if: The services are for symptoms requiring emergency care or are immediately required for an unforeseen illness, injury or a condition; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(7)(b)	Shall	A medicare select policy or certificate shall not restrict payment for covered services provided by non-network providers if: It is not reasonable to obtain such services through a network provider.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(8)	Shall	A medicare select policy or certificate shall provide payment for full coverage under the policy for covered services that are not available through network providers.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(9)	Shall	A medicare select issuer shall make full and fair disclosure in writing of the provisions, restrictions, and limitations of the medicare select policy or certificate to each applicant. This disclosure shall include at least the following:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(9)	Shall	A medicare select issuer shall make full and fair disclosure in writing of the provisions, restrictions, and limitations of the medicare select policy or certificate to each applicant. This disclosure shall include at least the following:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(9)(a)	Shall	This disclosure shall include at least the following: An outline of coverage as required by paragraph (T)(4)(c) of this rule, in the form prescribed in appendix C to this rule sufficient to permit the applicant to compare coverage and premiums of the medicare select policy or certificate with:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(9)(a)(i)	Shall	An outline of coverage as required by paragraph (T)(4)(c) of this rule, in the form prescribed in appendix C to this rule sufficient to permit the applicant to compare coverage and premiums of the medicare select policy or certificate with: Other medicare supplement policies or certificates offered by the issuer; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(9)(a)(ii)	Shall	An outline of coverage as required by paragraph (T)(4)(c) of this rule, in the form prescribed in appendix C to this rule sufficient to permit the applicant to compare coverage and premiums of the medicare select policy or certificate with: Other medicare select policies or certificates.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(9)(b)	Shall	This disclosure shall include at least the following: A description (including address, phone number and hours of operation) of the network providers, including primary care physicians, specialty physicians, hospitals, and other providers.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(9)(c)	Shall	This disclosure shall include at least the following: A description of the restricted network provisions, including payments for coinsurance and deductibles when providers other than network providers are utilized. Except to the extent specified in the policy or certificate, expenses incurred when using out-of-network providers do not count toward the out-of-pocket annual limit contained in plans "K" and "L".	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(9)(d)	Shall	This disclosure shall include at least the following: A description of coverage for emergency and urgently needed care and other out-of-service area coverage.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(M)(9)(e)	Shall	This disclosure shall include at least the following: A description of limitations on referrals to restricted network providers and to other providers.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(9)(f)	Shall	This disclosure shall include at least the following: A description of the policyholder's right to purchase any other medicare supplement policy or certificate otherwise offered by the issuer.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(9)(g)	Shall	This disclosure shall include at least the following: A description of the medicare select issuer's quality assurance program and grievance procedure.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(10)	Shall	Prior to the sale of a medicare select policy or certificate, a medicare select issuer shall obtain from the applicant a signed and dated form stating that the applicant has received the information provided pursuant to paragraph (M)(9) of this rule and that the applicant understands the restrictions of the medicare select policy or certificate.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(11)	Shall	A medicare select issuer shall have and use procedures for hearing complaints and resolving written grievances from the subscribers. Such procedures shall be aimed at mutual agreement for settlement and may include arbitration procedures.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(11)(a)	Shall	The grievance procedure shall be described in the policy and certificates and in the outline of coverage.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(11)(b)	Shall	At the time the policy or certificate is issued, the issuer shall provide detailed information to the policyholder describing how a grievance may be registered with the issuer.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(11)(c)	Shall	Grievances shall be considered in a timely manner and shall be transmitted to appropriate decision-makers who have authority to fully investigate the issue and take corrective action.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(11)(d)	Shall	If a grievance is found to be valid, corrective action shall be taken promptly.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(11)(e)	Shall	All concerned parties shall be notified about the results of a grievance.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(11)(f)	Shall	The issuer shall report no later than each March thirty-first to the superintendent regarding its grievance procedure. The report shall be in a format prescribed by the superintendent and shall contain the number of grievances filed in the past year and a summary of the subject, nature and resolution of such grievances.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(11)(f)	Shall	The issuer shall report no later than each March thirty-first to the superintendent regarding its grievance procedure. The report shall be in a format prescribed by the superintendent and shall contain the number of grievances filed in the past year and a summary of the subject, nature and resolution of such grievances.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(12)	shall	At the time of initial purchase, a medicare select issuer shall make available to each applicant for a medicare select policy or certificate the opportunity to purchase any medicare supplement policy or certificate otherwise offered by the issuer.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(M)(13)(a)	Shall	At the request of an individual insured under a medicare select policy or certificate, a medicare select issuer shall make available to the individual insured the opportunity to purchase a medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies or certificates available without requiring evidence of insurability after the medicare select policy or certificate has been in force for six months.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(13)(a)	Shall	At the request of an individual insured under a medicare select policy or certificate, a medicare select issuer shall make available to the individual insured the opportunity to purchase a medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies or certificates available without requiring evidence of insurability after the medicare select policy or certificate has been in force for six months.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(14)	Shall	Medicare select policies and certificates shall provide for continuation of coverage in the event the secretary of health and human services determines that medicare select policies and certificates issued pursuant to this paragraph should be discontinued due to either the failure of the medicare select program to be reauthorized under law or its substantial amendment.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(14)(a)	Shall	Each medicare select issuer shall make available to each individual insured under a medicare select policy or certificate the opportunity to purchase any medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies and certificates available without requiring evidence of insurability.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(14)(a)	Shall	Each medicare select issuer shall make available to each individual insured under a medicare select policy or certificate the opportunity to purchase any medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies and certificates available without requiring evidence of insurability.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(15)	Shall	A medicare select issuer shall comply with reasonable requests for data made by state or federal agencies, including the "United States" department of health and human services, for the purpose of evaluating the medicare select program.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(N)(1)	Shall Not	An issuer shall not deny or condition the issuance or effectiveness of any medicare supplement policy or certificate available for sale in this state, nor discriminate in the pricing of a policy or certificate because of the health status (including tobacco or nicotine usage), claims experience, receipt of health care, or medical condition of an applicant in the case of an application for a policy or certificate that is submitted prior to or during the six month period beginning with the first day of the first month in which an individual is both sixty-five years of age or older and is enrolled for benefits under medicare "Part B". Each medicare supplement policy and certificate currently available from an issuer shall be made available to all applicants who qualify under paragraph (N)(1) of this rule without regard to age.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(N)(1)	Shall	An issuer shall not deny or condition the issuance or effectiveness of any medicare supplement policy or certificate available for sale in this state, nor discriminate in the pricing of a policy or certificate because of the health status (including tobacco or nicotine usage), claims experience, receipt of health care, or medical condition of an applicant in the case of an application for a policy or certificate that is submitted prior to or during the six month period beginning with the first day of the first month in which an individual is both sixty-five years of age or older and is enrolled for benefits under medicare "Part B". Each medicare supplement policy and certificate currently available from an issuer shall be made available to all applicants who qualify under paragraph (N)(1) of this rule without regard to age.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(N)(2)(a)	Shall	If an applicant qualifies under paragraph (N)(1) of this rule and submits an application during the time period referenced in paragraph (N)(1) of this rule and, as of the date of application, has had a continuous period of creditable coverage of at least six months, the issuer shall not exclude benefits based on a preexisting condition.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(N)(2)(b)	Shall	If the applicant qualifies under paragraph (N)(1) of this rule and submits an application during the time period referenced in paragraph (N)(1) of this rule and, as of the date of application, has had a continuous period of creditable coverage that is less than six months, the issuer shall reduce the period of any preexisting condition exclusion by the aggregate of the period of creditable coverage applicable to the applicant as of the enrollment date. The secretary shall specify the manner of the reduction under this paragraph.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(N)(2)(b)	Shall	If the applicant qualifies under paragraph (N)(1) of this rule and submits an application during the time period referenced in paragraph (N)(1) of this rule and, as of the date of application, has had a continuous period of creditable coverage that is less than six months, the issuer shall reduce the period of any preexisting condition exclusion by the aggregate of the period of creditable coverage applicable to the applicant as of the enrollment date. The secretary shall specify the manner of the reduction under this paragraph.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(N)(3)	Shall	Except as provided in paragraphs (N)(2), (O), and (Z) of this rule, paragraph (N)(1) of this rule shall not be construed as preventing the exclusion of benefits under a policy, during the first six months, based on a preexisting condition for which the policyholder or certificate holder received treatment or was otherwise diagnosed during the six months before the coverage became effective.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(N)(4)	Shall	In connection with the solicitation or sale of a medicare supplement policy or certificate to persons who qualify under paragraph (N)(1) of this rule, no issuer shall:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(N)(4)(a)	Shall	In connection with the solicitation or sale of a medicare supplement policy or certificate to persons who qualify under paragraph (N)(1) of this rule, no issuer shall: Engage in any act or practice with the intent or effect of restricting the sale to or discouraging the purchase by persons eligible for open enrollment of any medicare supplement policy or certificate available in this state. Such acts or practices include but are not limited to the following:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(N)(4)(a)(i)	Other - requires an action	Engage in any act or practice with the intent or effect of restricting the sale to or discouraging the purchase by persons eligible for open enrollment of any medicare supplement policy or certificate available in this state. Such acts or practices include but are not limited to the following: Creating a disincentive for producers to sell medicare supplement policies or certificates during the open enrollment period through compensation arrangements that reduce or eliminate compensation for sales made to persons eligible for open enrollment;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(N)(4)(a)(ii)	Other - requires an action	Engage in any act or practice with the intent or effect of restricting the sale to or discouraging the purchase by persons eligible for open enrollment of any medicare supplement policy or certificate available in this state. Such acts or practices include but are not limited to the following: Applying waiting periods for coverage of pre-existing conditions as described in paragraph (N)(2) of this rule only to policies or certificates issued to persons eligible for open enrollment;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(N)(4)(a)(iii)	Other - requires an action	Engaging in premium rating practices which result in premiums which are higher for persons eligible for open enrollment than premiums for persons not eligible for open enrollment;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(N)(4)(a)(iv)	Other - requires an action	Engage in any act or practice with the intent or effect of restricting the sale to or discouraging the purchase by persons eligible for open enrollment of any medicare supplement policy or certificate available in this state. Such acts or practices include but are not limited to the following: Failing to offer to persons eligible for open enrollment any medicare supplement policy or certificate which is available for purchase from the issuer in this state.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(O)(1)(b)	Shall	With respect to eligible persons, an issuer shall not deny or condition the issuance or effectiveness of a medicare supplement policy described in paragraph (O)(5) of this rule that is offered and is available for issuance to new enrollees by the issuer, shall not discriminate in the pricing of such a medicare supplement policy because of health status (including tobacco or nicotine usage), claims experience, receipt of health care, or medical condition, and shall not impose an exclusion of benefits based on a preexisting condition under such a medicare supplement policy.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(1)(b)	Shall	With respect to eligible persons, an issuer shall not deny or condition the issuance or effectiveness of a medicare supplement policy described in paragraph (O)(5) of this rule that is offered and is available for issuance to new enrollees by the issuer, shall not discriminate in the pricing of such a medicare supplement policy because of health status (including tobacco or nicotine usage), claims experience, receipt of health care, or medical condition, and shall not impose an exclusion of benefits based on a preexisting condition under such a medicare supplement policy.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(1)(b)	Shall Not	With respect to eligible persons, an issuer shall not deny or condition the issuance or effectiveness of a medicare supplement policy described in paragraph (O)(5) of this rule that is offered and is available for issuance to new enrollees by the issuer, shall not discriminate in the pricing of such a medicare supplement policy because of health status (including tobacco or nicotine usage), claims experience, receipt of health care, or medical condition, and shall not impose an exclusion of benefits based on a preexisting condition under such a medicare supplement policy.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(b)-(g)	Other - requires an action	An eligible person is an individual described in any of the following paragraphs:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(b)(i)(d)(ii)	Other - requires an action	The individual demonstrates, in accordance with guidelines established by the secretary, that: The organization, or agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to the individual; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(b)(i)(e)	Other - requires an action	The individual meets such other exceptional conditions as the secretary may provide.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(c)(i)(a)	Other - requires an action	The individual is enrolled with: An eligible organization under a contract under section 1876 of the "Social Security Act" (medicare cost);	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(c)(i)(b)	Other - requires an action	The individual is enrolled with: A similar organization operating under demonstration project authority, effective for periods before April 1, 1999;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(c)(i)(c)	Other - requires an action	The individual is enrolled with: An organization under an agreement under section 1833(a)(1)(A) of the "Social Security Act" (health care prepayment plan); or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(c)(i)(d)	Other - requires an action	The individual is enrolled with: An organization under a medicare select policy; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(c)(ii)	Other - requires an action	The enrollment ceases under the same circumstances that would permit discontinuance of an individual's election of coverage under paragraph (O)(2)(b) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(O)(2)(d)	Other - requires an action	The individual is enrolled under a medicare supplement policy and the enrollment ceases because:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(d)(i)(a)	Other - requires an action	The individual is enrolled under a medicare supplement policy and the enrollment ceases because: Of the insolvency of the issuer or bankruptcy of the nonissuer organization; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(d)(i)(b)	Other - requires an action	The individual is enrolled under a medicare supplement policy and the enrollment ceases because: Of other involuntary termination of coverage or enrollment under the policy;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(d)(iii)	Other - requires an action	The issuer, or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to the individual;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(e)(i)	Other - requires an action	The individual was enrolled under a medicare supplement policy and terminates enrollment and subsequently enrolls, for the first time, with any "Medicare Advantage" organization under a "Medicare Advantage" plan under "Part C" of medicare, any eligible organization under a contract under section 1876 of the "Social Security Act" (medicare risk or cost), any similar organization operating under demonstration project authority, any "PACE" program under section 1894 of the "Social Security Act", or a medicare select policy; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(e)(ii)	Other - requires an action	The subsequent enrollment under paragraph (O)(2)(e)(i) of this rule is terminated by the enrollee during any period within the first twelve months of such subsequent enrollment (during which the enrollee is permitted to terminate such subsequent enrollment under section 1851(e) of the "Social Security Act"); or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(f)	Other - requires an action	The individual, upon first becoming eligible for medicare "Part A" for benefits at age sixty-five or older, enrolls in a "Medicare Advantage" plan under "Part C" of medicare, or with a "PACE" provider under section 1894 of the "Social Security Act," and disenrolls from the plan or program by not later than twelve months after the effective date of enrollment.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(2)(g)	Other - requires an action	The individual enrolls in a medicare "Part D" plan during the initial enrollment period and, at the time of enrollment in "Part D", was enrolled under a medicare supplement policy that covers outpatient prescription drugs and the individual terminates enrollment in the medicare supplement policy and submits evidence of enrollment in medicare "Part D" along with the application for a policy described in paragraph (O)(5)(d) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(3)(a)(i)-(ii)	Other - requires an action	In the case of an individual described in paragraph (O)(2)(a) of this rule, the guaranteed issue period begins on the later of: The date the individual receives a notice of termination or cessation of all supplemental health benefits (or, if a notice is not received, notice that a claim has been denied because of a termination or cessation); or The date that the applicable coverage terminates or ceases; and ends sixty-three days thereafter;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(O)(3)(b)	Other - requires an action	In the case of an individual described in paragraph (O)(2)(b), (O)(2)(c), (O)(2)(e), or (O)(2)(f) of this rule whose enrollment terminated involuntarily, the guaranteed issue period begins on the date that the individual receives a notice of termination and ends sixty-three days after the date the applicable coverage is terminated;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(3)(c)	Other - requires an action	In the case of an individual described in paragraph (O)(2)(d)(i) of this rule, the guaranteed issue period begins on the earlier of:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(3)(c)(i)	Other - requires an action	The date that the individual receives a notice of termination, a notice of the issuer's bankruptcy or insolvency, or other such similar notice if any; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(3)(c)(ii)	Other - requires an action	The date that the applicable coverage is terminated, and ends on the date that is sixty-three days after the date the coverage is terminated;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(3)(d)	Other - requires an action	In the case of an individual described in paragraph (O)(2)(b), (O)(2)(d)(ii), (O)(2) (d)(iii), (O)(2)(e), or (O)(2)(f) of this rule, who disenrolls voluntarily, the guaranteed issue period begins on the date that is sixty days before the effective date of the disenrollment and ends on the date that is sixty-three days after the effective date;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(3)(e)	Other - requires an action	In the case of an individual described in paragraph (O)(2)(g) of this rule, the guaranteed issue period begins on the date the individual receives notice pursuant to section 1882(v)(2)(B) of the "Social Security Act" from the medicare supplement issuer during the sixty-day period immediately preceding the initial "Part D" enrollment period and ends on the date that is sixty-three days after the effective date of the individual's coverage under medicare "Part D"; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(3)(f)	Other - requires an action	In the case of an individual described in paragraph (O)(2) of this rule but not described in the preceding provisions of this paragraph, the guaranteed issue period begins on the effective date of disenrollment and ends on the date that is sixty-three days after the effective date.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(4)(a)	Shall	The individual is enrolled under a medicare supplement policy and the enrollment ceases because: In the case of an individual described in paragraph (O)(2)(e) of this rule (or deemed to be so described, pursuant to this paragraph) whose enrollment with an organization or provider described in paragraph (O)(2)(e)(i) of this rule is involuntarily terminated within the first twelve months of enrollment, and who, without an intervening enrollment, enrolls with another such organization or provider, the subsequent enrollment shall be deemed to be an initial enrollment described in paragraph (O)(2)(e) of this rule;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(4)(b)	Shall	In the case of an individual described in paragraph (O)(2)(f) of this rule, (or deemed to be so described, pursuant to this paragraph) whose enrollment with a plan or in a program described in paragraph (O)(2)(f) of this rule is involuntarily terminated within the first twelve months of enrollment, and who, without an intervening enrollment, enrolls in another such plan or program, the subsequent enrollment shall be deemed to be an initial enrollment described in paragraph (O)(2)(f) of this rule; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(O)(4)(c)	Other - prohibits an action	For the purposes of paragraphs (O)(2)(e) and (O)(2)(f) of this rule, no enrollment of an individual with an organization or provider described in paragraph (O)(2)(e)(i) of this rule, or with a plan or in a program described in paragraph (O)(2)(f) of this rule, may be deemed to be an initial enrollment under this paragraph after the two-year period beginning on the date on which the individual first enrolled with such an organization, provider, plan or program.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(5)(a)	Other - requires an action	The medicare supplement policy to which eligible persons are entitled under: Paragraphs (O)(2)(a), (O) (2)(b), (O)(2)(c), and (O)(2)(d) of this rule is a medicare supplement policy which has a benefit package classified as plan "A," "B," "C," "F" (including "F" with a high deductible), "K" or "L" offered by any issuer.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(5)(b)(i)	Other - requires an action	The medicare supplement policy to which eligible persons are entitled under: Subject to paragraph (O)(5)(b)(ii) of this rule, paragraph (O)(2)(e) of this rule is the same medicare supplement policy in which the individual was most recently previously enrolled, if available from the same issuer, or, if not so available, a policy described in paragraph (O)(5)(a) of this rule;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(5)(b)(ii)	Other - requires an action	After December 31, 2005, if the individual was most recently enrolled in a medicare supplement policy with an outpatient prescription drug benefit, a medicare supplement policy described in this paragraph is:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(5)(b)(ii)(a)	Other - requires an action	The policy available from the same issue but modified to remove outpatient prescription drug coverage; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(5)(b)(ii)(b)	Other - requires an action	At the election of the policyholder, an "A," "B," "C," "F" (including "F" with a high deductible), "K" or "L" policy that is offered by any issuer;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(5)(b)(ii)(c)	shall	Paragraph (O)(2)(f) of this rule shall include any medicare supplement policy offered by any issuer;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(5)(b)(ii)(d)		Paragraph (O)(2)(g) of this rule is a medicare supplement policy that has a benefit package classified as Plan "A," "B," "C," "F" (including "F" with a high deductible), "K" or "L", and that is offered and is available for issuance to new enrollees by the same issuer that issued the individual's medicare supplement policy with outpatient prescription drug coverage.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(6)(a)	Shall	At the time of an event described in paragraph (O)(2) of this rule because of which an individual loses coverage or benefits due to the termination of a contract or agreement, policy, or plan, the organization that terminates the contract or agreement, the issuer terminating the policy, or the administrator of the plan being terminated, respectively, shall notify the individual of his or her rights under paragraph (O) of this rule, and of the obligations of issuers of medicare supplement policies under paragraph (O)(1) of this rule. Such notice shall be communicated contemporaneously with the notification of termination.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(O)(6)(a)	Shall	At the time of an event described in paragraph (O)(2) of this rule because of which an individual loses coverage or benefits due to the termination of a contract or agreement, policy, or plan, the organization that terminates the contract or agreement, the issuer terminating the policy, or the administrator of the plan being terminated, respectively, shall notify the individual of his or her rights under paragraph (O) of this rule, and of the obligations of issuers of medicare supplement policies under paragraph (O)(1) of this rule. Such notice shall be communicated contemporaneously with the notification of termination.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(6)(b)	Shall	At the time of an event described in paragraph (O)(2) of this rule because of which an individual ceases enrollment under a contract or agreement, policy, or plan, the organization that offers the contract or agreement, regardless of the basis for the cessation of enrollment, the issuer offering the policy, or the administrator of the plan, respectively, shall notify the individual of his or her rights under paragraph (O) of this rule, and of the obligations of issuers of medicare supplement policies under paragraph (O)(1) of this rule. Such notice shall be communicated within ten working days of the issuer receiving notification of disenrollment.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(O)(6)(b)	Shall	At the time of an event described in paragraph (O)(2) of this rule because of which an individual ceases enrollment under a contract or agreement, policy, or plan, the organization that offers the contract or agreement, regardless of the basis for the cessation of enrollment, the issuer offering the policy, or the administrator of the plan, respectively, shall notify the individual of his or her rights under paragraph (O) of this rule, and of the obligations of issuers of medicare supplement policies under paragraph (O)(1) of this rule. Such notice shall be communicated within ten working days of the issuer receiving notification of disenrollment.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(P)(1)	Shall	An issuer shall comply with section 1882(C)(3) of the "Social Security Act" (as enacted by section 4081 (B)(2)(C) of the "Omnibus Budget Reconciliation Act of 1987" (OBRA '87), Pub. L. No. 100-203) by:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(P)(1)(a)	Shall	An issuer shall comply with section 1882(C)(3) of the "Social Security Act" (as enacted by section 4081 (B)(2)(C) of the "Omnibus Budget Reconciliation Act of 1987" (OBRA '87), Pub. L. No. 100-203) by: Accepting a notice from a medicare carrier on dually assigned claims submitted by participating physicians and suppliers as a claim for benefits in place of any other claim form otherwise required and making a payment determination on the basis of the information contained in that notice;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(P)(1)(b)	Shall	An issuer shall comply with section 1882(C)(3) of the "Social Security Act" (as enacted by section 4081 (B)(2)(C) of the "Omnibus Budget Reconciliation Act of 1987" (OBRA '87), Pub. L. No. 100-203) by: Notifying the participating physician or supplier and the beneficiary of the payment determination;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(P)(1)(c)	Shall	An issuer shall comply with section 1882(C)(3) of the "Social Security Act" (as enacted by section 4081 (B)(2)(C) of the "Omnibus Budget Reconciliation Act of 1987" (OBRA '87), Pub. L. No. 100-203) by: Paying the participating physician or supplier directly;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(P)(1)(d)	Shall	An issuer shall comply with section 1882(C)(3) of the "Social Security Act" (as enacted by section 4081 (B)(2)(C) of the "Omnibus Budget Reconciliation Act of 1987" (OBRA '87), Pub. L. No. 100-203) by: Furnishing, at the time of enrollment, each enrollee with a card listing the policy name, number, and a central mailing address to which notices from a medicare carrier may be sent;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(P)(1)(e)	Shall	An issuer shall comply with section 1882(C)(3) of the "Social Security Act" (as enacted by section 4081 (B)(2)(C) of the "Omnibus Budget Reconciliation Act of 1987" (OBRA '87), Pub. L. No. 100-203) by: Paying user fees for claim notices that are transmitted electronically or otherwise; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(P)(1)(f)	Shall	An issuer shall comply with section 1882(C)(3) of the "Social Security Act" (as enacted by section 4081 (B)(2)(C) of the "Omnibus Budget Reconciliation Act of 1987" (OBRA '87), Pub. L. No. 100-203) by: Providing to the secretary of health and human services, at least annually, a central mailing address to which all claims may be sent by medicare carriers.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(P)(2)	Shall	Compliance with the requirements set forth in paragraph (P)(1) of this rule shall be certified on the medicare supplement insurance experience reporting form.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(a)(i)	Shall	A medicare supplement policy form or certificate form shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to policyholders and certificate holders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy form or certificate form:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(a)(i)(a)	Shall	A medicare supplement policy form or certificate form shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to policyholders and certificate holders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy form or certificate form: At least seventy-five per cent of the aggregate amount of premiums earned in the case of group policies; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(a)(i)(b)	Shall	A medicare supplement policy form or certificate form shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to policyholders and certificate holders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy form or certificate form: At least sixty-five per cent of the aggregate amount of premiums earned in the case of individual policies;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(Q)(1)(a)(ii)	Shall	Calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health insuring corporation on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices. Incurred health care expenses where coverage is provided by a health insuring corporation shall not include:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(a)(ii)(a)	Shall	Calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health insuring corporation on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices. Incurred health care expenses where coverage is provided by a health insuring corporation shall not include: Home office and overhead costs;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(a)(ii)(b)	Shall	Calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health insuring corporation on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices. Incurred health care expenses where coverage is provided by a health insuring corporation shall not include: Advertising costs;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(a)(ii)(c)	Shall	Calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health insuring corporation on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices. Incurred health care expenses where coverage is provided by a health insuring corporation shall not include: Commissions and other acquisition costs;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(a)(ii)(d)	Shall	Calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health insuring corporation on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices. Incurred health care expenses where coverage is provided by a health insuring corporation shall not include: Taxes;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(a)(ii)(e)	Shall	Calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health insuring corporation on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices. Incurred health care expenses where coverage is provided by a health insuring corporation shall not include: Capital costs;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(Q)(1)(a)(ii)(f)	Shall	Calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health insuring corporation on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices. Incurred health care expenses where coverage is provided by a health insuring corporation shall not include: Administrative costs; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(a)(ii)(g)	Shall	Calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health insuring corporation on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices. Incurred health care expenses where coverage is provided by a health insuring corporation shall not include: Claims processing costs.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(b)	Shall	All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of paragraph (Q) of this rule when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(b)	Shall	All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of paragraph (Q) of this rule when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(c)	Shall	For policies issued prior to May 1, 1992, expected claims in relation to premiums shall meet:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(c)(i)	Shall	For policies issued prior to May 1, 1992, expected claims in relation to premiums shall meet: The originally filed anticipated loss ratio when combined with the actual experience since inception;	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(c)(ii)	Shall	For policies issued prior to May 1, 1992, expected claims in relation to premiums shall meet: The appropriate loss ratio requirement from paragraphs (Q)(1)(a)(i)(a) and (Q)(1)(a)(i)(b) of this rule when combined with actual experience beginning January 1, 1996 to date; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(c)(iii)	Shall	For policies issued prior to May 1, 1992, expected claims in relation to premiums shall meet: The appropriate loss ratio requirement from paragraphs (Q)(1)(a)(i)(a) and (Q)(1)(a)(i)(b) of this rule over the entire future period for which the rates are computed to provide coverage.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(1)(d)	May Not	In meeting the tests in paragraphs (Q)(1)(c)(i), (Q)(1)(c)(ii), and (Q)(1)(c)(iii) of this rule and for purposes of attaining credibility, an issuer may combine experience under policy forms which provide substantially similar coverage. Once a combined form is adopted, the issuer may not separate the experience except with the approval of the superintendent.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(Q)(2)(a)	Shall	An issuer shall collect and file with the superintendent by May thirty-first of each year the data contained in the applicable reporting form contained in appendix A to this rule for each type in a standard medicare supplement benefit plan.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(2)(b)	Shall	If on the basis of the experience as reported, the benchmark ratio since inception (ratio one) exceeds the adjusted experience ratio since inception (ratio three), then a refund or credit calculation is required. The refund calculation shall be done on a statewide basis for each type in a standard medicare supplement benefit plan. For purposes of the refund or credit calculation, experience on policies issued within the reporting year shall be excluded.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(2)(c)	Shall	For the purposes of this paragraph, policies or certificates issued prior to May 1, 1992, the issuer shall make the refund or credit calculation separately for all individual policies (including all group policies subject to an individual loss ratio standard when issued) combined and all other group policies combined for experience after the effective date of this amendment. The first such report shall be due by May 31, 1998.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(2)(c)	Shall	For the purposes of this paragraph, policies or certificates issued prior to May 1, 1992, the issuer shall make the refund or credit calculation separately for all individual policies (including all group policies subject to an individual loss ratio standard when issued) combined and all other group policies combined for experience after the effective date of this amendment. The first such report shall be due by May 31, 1998.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(2)(d)	Shall	A refund or credit shall be made only when the benchmark loss ratio exceeds the adjusted experience loss ratio and the amount to be refunded or credited exceeds a de minimis level. The refund shall include interest from the end of the calendar year to the date of the refund or credit at a rate specified by the secretary of health and human services, but in no event shall it be less than the average rate of interest for thirteen-week treasury notes. A refund or credit against premiums due shall be made by September thirtieth following the experience year upon which the refund or credit is based.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(2)(d)	Shall	A refund or credit shall be made only when the benchmark loss ratio exceeds the adjusted experience loss ratio and the amount to be refunded or credited exceeds a de minimis level. The refund shall include interest from the end of the calendar year to the date of the refund or credit at a rate specified by the secretary of health and human services, but in no event shall it be less than the average rate of interest for thirteen-week treasury notes. A refund or credit against premiums due shall be made by September thirtieth following the experience year upon which the refund or credit is based.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(Q)(3)(a)	Shall	An issuer of medicare supplement policies and certificates issued before or after the effective date of this rule in this state shall file annually its rates, rating schedule and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the superintendent in accordance with the filing requirements and procedures prescribed by the superintendent. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. Such demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(3)(a)	Shall	An issuer of medicare supplement policies and certificates issued before or after the effective date of this rule in this state shall file annually its rates, rating schedule and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the superintendent in accordance with the filing requirements and procedures prescribed by the superintendent. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. Such demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(3)(a)	Shall	An issuer of medicare supplement policies and certificates issued before or after the effective date of this rule in this state shall file annually its rates, rating schedule and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the superintendent in accordance with the filing requirements and procedures prescribed by the superintendent. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. Such demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(Q)(3)(a)	Shall	An issuer of medicare supplement policies and certificates issued before or after the effective date of this rule in this state shall file annually its rates, rating schedule and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the superintendent in accordance with the filing requirements and procedures prescribed by the superintendent. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. Such demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(3)(b)	Shall	As soon as practicable, but prior to the effective date of enhancements in medicare benefits, every issuer of medicare supplement policies or certificates in this state shall file with the superintendent in accordance with the applicable filing procedures of this state:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(3)(b)(i)	Shall	As soon as practicable, but prior to the effective date of enhancements in medicare benefits, every issuer of medicare supplement policies or certificates in this state shall file with the superintendent in accordance with the applicable filing procedures of this state: Appropriate premium adjustments necessary to produce loss ratios as anticipated for the current premium for the applicable policies or certificates. The supporting documents as necessary to justify the adjustment shall accompany the filing.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(3)(b)(ii)	Shall	An issuer shall make premium adjustments necessary to produce an expected loss ratio under the policy or certificate to conform to minimum loss ratio standards for medicare supplement policies and which are expected to result in a loss ratio at least as great as that originally anticipated in the rates used to produce current premiums by the issuer for the medicare supplement policies or certificates. No premium adjustments which would modify the loss ratio experience under the policy other than the adjustments described herein should be made with respect to a policy at any time other than upon its renewal date or anniversary date.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(3)(b)(ii)	Other - prohibits an action	An issuer shall make premium adjustments necessary to produce an expected loss ratio under the policy or certificate to conform to minimum loss ratio standards for medicare supplement policies and which are expected to result in a loss ratio at least as great as that originally anticipated in the rates used to produce current premiums by the issuer for the medicare supplement policies or certificates. No premium adjustments which would modify the loss ratio experience under the policy other than the adjustments described herein should be made with respect to a policy at any time other than upon its renewal date or anniversary date.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(Q)(3)(c)	Shall	Any appropriate riders, endorsements or policy forms needed to accomplish the medicare supplement policy or certificate modifications necessary to eliminate benefit duplications with medicare. The riders, endorsements or policy forms shall provide a clear description of the medicare supplement benefits provided by the policy or certificate.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(4)	Shall	The superintendent may conduct a public hearing to gather information concerning a request by an issuer for an increase in a rate for a policy form or certificate form issued before or after the effective date of this rule if the experience of the form for the previous reporting period is not in compliance with the applicable loss ratio standard. The determination of compliance is made without consideration of any refund or credit for such reporting period. Public notice of such hearing shall be furnished in a manner deemed appropriate by the superintendent.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(1)	Shall Not	An issuer shall not deliver or issue for delivery a policy or certificate to a resident of this state unless the policy form or certificate form has been filed with and approved by the superintendent in accordance with filing requirements and procedures prescribed by the superintendent.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(2)	Shall	An issuer shall file any riders or amendments to policy or certificate forms to delete outpatient prescription drug benefits as required by the "Medicare Prescription Drug, Improvement, and Modernization Act of 2003" only with the superintendent in the state in which the policy or certificate was issued.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)	Shall Not	An issuer shall not use or change premium rates for a medicare supplement policy or certificate unless the rates, rating schedule and supporting documentation have been filed with and approved by the superintendent in accordance with the filing requirements and procedures prescribed by the superintendent. The superintendent shall use the following process for approving or disapproving proposed premium increases:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)	Shall	An issuer shall not use or change premium rates for a medicare supplement policy or certificate unless the rates, rating schedule and supporting documentation have been filed with and approved by the superintendent in accordance with the filing requirements and procedures prescribed by the superintendent. The superintendent shall use the following process for approving or disapproving proposed premium increases:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(a)	Shall	The superintendent shall use the following process for approving or disapproving proposed premium increases: As used in paragraph (R)(3) of this rule, "benefits provided are not unreasonable in relation to the premium charged" means that the rates were calculated in accordance with sound actuarial principles.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(R)(3)(b)	Shall	The superintendent shall use the following process for approving or disapproving proposed premium increases: With respect to any filing of any premium rates for any individual or group medicare supplement policy, or for any endorsement or rider pertaining thereto, the superintendent of insurance may, within thirty days after filing:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(b)(i)	Shall	Disapprove such filing if the superintendent finds that the benefits provided are unreasonable in relation to the premium charged. Such disapproval shall be effected by written order of the superintendent, a copy of which shall be mailed to the issuer that has made the filing. In the order, the superintendent shall specify the reasons for disapproval and state that a hearing will be held within fifteen days after requested in writing by the issuer. If a hearing is so requested, the superintendent shall also give such public notice , if appropriate. The superintendent, within fifteen days after the commencement of any hearing, shall issue a written order, a copy of which shall be mailed to the issuer that has made the filing, either affirming the prior disapproval or approving such filing if it is determined that the benefits provided are not unreasonable in relation to the premium charged; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(b)(i)	Shall	Disapprove such filing if the superintendent finds that the benefits provided are unreasonable in relation to the premium charged. Such disapproval shall be effected by written order of the superintendent, a copy of which shall be mailed to the issuer that has made the filing. In the order, the superintendent shall specify the reasons for disapproval and state that a hearing will be held within fifteen days after requested in writing by the issuer. If a hearing is so requested, the superintendent shall also give such public notice , if appropriate. The superintendent, within fifteen days after the commencement of any hearing, shall issue a written order, a copy of which shall be mailed to the issuer that has made the filing, either affirming the prior disapproval or approving such filing if it is determined that the benefits provided are not unreasonable in relation to the premium charged; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(b)(i)	Shall	Disapprove such filing if the superintendent finds that the benefits provided are unreasonable in relation to the premium charged. Such disapproval shall be effected by written order of the superintendent, a copy of which shall be mailed to the issuer that has made the filing. In the order, the superintendent shall specify the reasons for disapproval and state that a hearing will be held within fifteen days after requested in writing by the issuer. If a hearing is so requested, the superintendent shall also give such public notice , if appropriate. The superintendent, within fifteen days after the commencement of any hearing, shall issue a written order, a copy of which shall be mailed to the issuer that has made the filing, either affirming the prior disapproval or approving such filing if it is determined that the benefits provided are not unreasonable in relation to the premium charged; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(R)(3)(b)(i)	Shall	Disapprove such filing if the superintendent finds that the benefits provided are unreasonable in relation to the premium charged. Such disapproval shall be effected by written order of the superintendent, a copy of which shall be mailed to the issuer that has made the filing. In the order, the superintendent shall specify the reasons for disapproval and state that a hearing will be held within fifteen days after requested in writing by the issuer. If a hearing is so requested, the superintendent shall also give such public notice , if appropriate. The superintendent, within fifteen days after the commencement of any hearing, shall issue a written order, a copy of which shall be mailed to the issuer that has made the filing, either affirming the prior disapproval or approving such filing if it is determined that the benefits provided are not unreasonable in relation to the premium charged; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(b)(i)	Shall	Disapprove such filing if the superintendent finds that the benefits provided are unreasonable in relation to the premium charged. Such disapproval shall be effected by written order of the superintendent, a copy of which shall be mailed to the issuer that has made the filing. In the order, the superintendent shall specify the reasons for disapproval and state that a hearing will be held within fifteen days after requested in writing by the issuer. If a hearing is so requested, the superintendent shall also give such public notice , if appropriate. The superintendent, within fifteen days after the commencement of any hearing, shall issue a written order, a copy of which shall be mailed to the issuer that has made the filing, either affirming the prior disapproval or approving such filing if it is determined that the benefits provided are not unreasonable in relation to the premium charged; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(b)(i)	Shall	Disapprove such filing if the superintendent finds that the benefits provided are unreasonable in relation to the premium charged. Such disapproval shall be effected by written order of the superintendent, a copy of which shall be mailed to the issuer that has made the filing. In the order, the superintendent shall specify the reasons for disapproval and state that a hearing will be held within fifteen days after requested in writing by the issuer. If a hearing is so requested, the superintendent shall also give such public notice , if appropriate. The superintendent, within fifteen days after the commencement of any hearing, shall issue a written order, a copy of which shall be mailed to the issuer that has made the filing, either affirming the prior disapproval or approving such filing if it is determined that the benefits provided are not unreasonable in relation to the premium charged; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(R)(3)(b)(ii)	Shall	Set a date for a public hearing to commence no later than forty days after the filing. The superintendent shall give the issuer making the filing twenty days' written notice of the hearing and shall give such public notice as appropriate. The superintendent, within twenty days after the commencement of a hearing, shall issue a written order, a copy of which shall be mailed to the issuer that has made the filing, either approving such filing if it is determined that the benefits provided are not unreasonable in relation to the premium charged, or disapproving such filing if it is determined that the benefits provided are unreasonable in relation to the premium charged; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(b)(ii)	Shall	Set a date for a public hearing to commence no later than forty days after the filing. The superintendent shall give the issuer making the filing twenty days' written notice of the hearing and shall give such public notice as appropriate. The superintendent, within twenty days after the commencement of a hearing, shall issue a written order, a copy of which shall be mailed to the issuer that has made the filing, either approving such filing if it is determined that the benefits provided are not unreasonable in relation to the premium charged, or disapproving such filing if it is determined that the benefits provided are unreasonable in relation to the premium charged; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(b)(iii)	Shall	Take no action, in which case such filing shall be deemed to be approved and shall become effective upon the thirty-first day after such filing, unless the superintendent has previously given written approval to the issuer .	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(c)	Shall	At any time any filing has been approved pursuant to this section, the superintendent may, after a hearing of which at least twenty days' written notice has been given to the issuer that has made such filing and for which such public notice as is appropriate has been given, withdraw approval of such filing if it is determined that the benefits provided are unreasonable in relation to the premium charged. Such withdrawal of approval shall be effected by written order of the superintendent, a copy of which shall be mailed to the issuer that has made the filing, which shall state the ground for such withdrawal and the date, not less than forty days after the date of such order, when the withdrawal or approval shall become effective.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(R)(3)(c)	Shall	At any time any filing has been approved pursuant to this section, the superintendent may, after a hearing of which at least twenty days' written notice has been given to the issuer that has made such filing and for which such public notice as is appropriate has been given, withdraw approval of such filing if it is determined that the benefits provided are unreasonable in relation to the premium charged. Such withdrawal of approval shall be effected by written order of the superintendent, a copy of which shall be mailed to the issuer that has made the filing, which shall state the ground for such withdrawal and the date, not less than forty days after the date of such order, when the withdrawal or approval shall become effective.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(c)	Shall	At any time any filing has been approved pursuant to this section, the superintendent may, after a hearing of which at least twenty days' written notice has been given to the issuer that has made such filing and for which such public notice as is appropriate has been given, withdraw approval of such filing if it is determined that the benefits provided are unreasonable in relation to the premium charged. Such withdrawal of approval shall be effected by written order of the superintendent, a copy of which shall be mailed to the issuer that has made the filing, which shall state the ground for such withdrawal and the date, not less than forty days after the date of such order, when the withdrawal or approval shall become effective.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(c)	Shall	At any time any filing has been approved pursuant to this section, the superintendent may, after a hearing of which at least twenty days' written notice has been given to the issuer that has made such filing and for which such public notice as is appropriate has been given, withdraw approval of such filing if it is determined that the benefits provided are unreasonable in relation to the premium charged. Such withdrawal of approval shall be effected by written order of the superintendent, a copy of which shall be mailed to the issuer that has made the filing, which shall state the ground for such withdrawal and the date, not less than forty days after the date of such order, when the withdrawal or approval shall become effective.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(d)	Shall	The superintendent may retain at the issuer's expense such attorneys, actuaries, accountants, and other experts not otherwise a part of the superintendent's staff as shall be reasonably necessary to assist in the preparation for and conduct of any public hearing under this section. The expense for retaining such experts and the expenses of the department of insurance incurred in connection with such public hearing shall be assessed against the issuer in an amount not to exceed one one-hundredth of one per cent of the sum of premiums earned plus net realized investments gain or loss of such issuer as reflected in the most current annual statement on file with the superintendent. Any person retained shall be under the direction and control of the superintendent and shall act in a purely advisory capacity.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(R)(3)(d)	Shall	The superintendent may retain at the issuer's expense such attorneys, actuaries, accountants, and other experts not otherwise a part of the superintendent's staff as shall be reasonably necessary to assist in the preparation for and conduct of any public hearing under this section. The expense for retaining such experts and the expenses of the department of insurance incurred in connection with such public hearing shall be assessed against the issuer in an amount not to exceed one one-hundredth of one per cent of the sum of premiums earned plus net realized investments gain or loss of such issuer as reflected in the most current annual statement on file with the superintendent. Any person retained shall be under the direction and control of the superintendent and shall act in a purely advisory capacity.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(d)	Shall	The superintendent may retain at the issuer's expense such attorneys, actuaries, accountants, and other experts not otherwise a part of the superintendent's staff as shall be reasonably necessary to assist in the preparation for and conduct of any public hearing under this section. The expense for retaining such experts and the expenses of the department of insurance incurred in connection with such public hearing shall be assessed against the issuer in an amount not to exceed one one-hundredth of one per cent of the sum of premiums earned plus net realized investments gain or loss of such issuer as reflected in the most current annual statement on file with the superintendent. Any person retained shall be under the direction and control of the superintendent and shall act in a purely advisory capacity.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(3)(d)	Shall	The superintendent may retain at the issuer's expense such attorneys, actuaries, accountants, and other experts not otherwise a part of the superintendent's staff as shall be reasonably necessary to assist in the preparation for and conduct of any public hearing under this section. The expense for retaining such experts and the expenses of the department of insurance incurred in connection with such public hearing shall be assessed against the issuer in an amount not to exceed one one-hundredth of one per cent of the sum of premiums earned plus net realized investments gain or loss of such issuer as reflected in the most current annual statement on file with the superintendent. Any person retained shall be under the direction and control of the superintendent and shall act in a purely advisory capacity.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(4)(a)	Shall Not	Except as provided in paragraph (R)(4)(b) of this rule, an issuer shall not file for approval more than one form of a policy or certificate of each type for each standard medicare supplement benefit plan.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(5)(a)	Shall	Except as provided in paragraph (R)(5)(a)(i) of this rule, an issuer shall continue to make available for purchase any policy form or certificate form issued after the effective date of this rule that has been approved by the superintendent. A policy form or certificate form shall not be considered to be available for purchase unless the issuer has actively offered it for sale in the previous twelve months.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(R)(5)(a)	Shall Not	Except as provided in paragraph (R)(5)(a)(i) of this rule, an issuer shall continue to make available for purchase any policy form or certificate form issued after the effective date of this rule that has been approved by the superintendent. A policy form or certificate form shall not be considered to be available for purchase unless the issuer has actively offered it for sale in the previous twelve months.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(5)(a)(i)	Shall Not	An issuer may discontinue the availability of a policy form or certificate form if the issuer provides to the superintendent in writing its decision at least thirty days prior to discontinuing the availability of the form of the policy or certificate. After receipt of the notice by the superintendent, the issuer shall no longer offer for sale the policy form or certificate form in this state.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(5)(a)(ii)	Shall Not	An issuer that discontinues the availability of a policy form or certificate form pursuant to paragraph (R)(5)(a)(i) of this rule shall not file for approval a new policy form or certificate form of the same type for the same standard medicare supplement benefit plan as the discontinued form for a period of five years after the issuer provides notice to the superintendent of the discontinuance. The period of discontinuance may be reduced if the superintendent determines that a shorter period is appropriate.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(5)(b)	Shall	The sale or other transfer of medicare supplement business to another issuer shall be considered a discontinuance for the purposes of paragraph (R)(5) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(5)(c)	Shall	A change in the rating structure or methodology shall be considered a discontinuance under paragraph (R)(5)(a) of this rule unless the issuer complies with the following requirements:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(6)(a)	Shall	Except as provided in paragraph (R)(6)(b) of this rule, the experience of all policy forms or certificate forms of the same type in a standard medicare supplement benefit plan shall be combined for purposes of the refund or credit calculation prescribed in paragraph (Q) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(R)(6)(b)	Shall Not	Forms assumed under an assumption reinsurance agreement shall not be combined with the experience of other forms for purposes of the refund or credit calculation.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(S)(2)	Must	The commission or other compensation provided in subsequent (renewal) years must be the same as that provided in the second year or period and must be provided for no fewer than five renewal years. After the fifth renewal year, any commission or other compensation provided may be up to that provided in the previous renewal year.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(S)(2)	Must	The commission or other compensation provided in subsequent (renewal) years must be the same as that provided in the second year or period and must be provided for no fewer than five renewal years. After the fifth renewal year, any commission or other compensation provided may be up to that provided in the previous renewal year.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(S)(3)	Shall Not	No issuer or other entity shall provide compensation to its agents or other producers and no agent or producer shall receive compensation greater than the renewal compensation payable by the replacing issuer on renewal policies or certificates if an existing policy or certificate is replaced.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(S)(3)	Shall	No issuer or other entity shall provide compensation to its agents or other producers and no agent or producer shall receive compensation greater than the renewal compensation payable by the replacing issuer on renewal policies or certificates if an existing policy or certificate is replaced.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(S)(5)	Shall	No issuer or other entity shall violate the provisions of paragraph (N)(4) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(1)(a)	Shall	Medicare supplement policies and certificates shall include a renewal or continuation provision. The language or specifications of such provision shall be consistent with the type of contract issued. The provision shall be appropriately captioned and shall appear on the first page of the policy and shall include any reservation by the issuer of the right to change premiums and any automatic renewal premium increases based on the age of the policyholder or certificate holder.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(1)(b)	Shall	All riders or endorsements added to a medicare supplement policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy shall require a signed acceptance by the insured, except for riders or endorsements by which the issuer effectuates a request made in writing by the insured, exercises a specifically reserved right under a medicare supplement policy other than the right to reduce or eliminate benefits or coverage, or is required to reduce or eliminate benefits to avoid duplication of medicare benefits. After the date of policy or certificate issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term shall be agreed to in writing signed by the insured, unless the benefits are required by the minimum standards for medicare supplement policies, or if the increased benefits or coverage is required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(T)(1)(b)	Shall	All riders or endorsements added to a medicare supplement policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy shall require a signed acceptance by the insured, except for riders or endorsements by which the issuer effectuates a request made in writing by the insured, exercises a specifically reserved right under a medicare supplement policy other than the right to reduce or eliminate benefits or coverage, or is required to reduce or eliminate benefits to avoid duplication of medicare benefits. After the date of policy or certificate issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term shall be agreed to in writing signed by the insured, unless the benefits are required by the minimum standards for medicare supplement policies, or if the increased benefits or coverage is required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(1)(b)	Shall	All riders or endorsements added to a medicare supplement policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy shall require a signed acceptance by the insured, except for riders or endorsements by which the issuer effectuates a request made in writing by the insured, exercises a specifically reserved right under a medicare supplement policy other than the right to reduce or eliminate benefits or coverage, or is required to reduce or eliminate benefits to avoid duplication of medicare benefits. After the date of policy or certificate issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term shall be agreed to in writing signed by the insured, unless the benefits are required by the minimum standards for medicare supplement policies, or if the increased benefits or coverage is required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(1)(c)	Shall Not	Medicare supplement policies or certificates shall not provide for the payment of benefits based on standards described as "usual and customary," "reasonable and customary" or words of similar import.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(1)(d)	Shall	If a medicare supplement policy or certificate contains any limitations with respect to preexisting conditions, such limitations shall appear as a separate paragraph of the policy and be labeled as "preexisting condition limitations."	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(T)(1)(e)	Shall	Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or certificate or attached thereto stating in substance that the policyholder or certificate holder shall have the right to return the policy or certificate within thirty days of its delivery and to have the premium refunded if, after examination of the policy or certificate, the insured person is not satisfied for any reason.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(1)(e)	Shall	Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or certificate or attached thereto stating in substance that the policyholder or certificate holder shall have the right to return the policy or certificate within thirty days of its delivery and to have the premium refunded if, after examination of the policy or certificate, the insured person is not satisfied for any reason.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(1)(f)(i)	Shall	Issuers of accident and sickness policies or certificates which provide hospital or medical expense coverage on an expense incurred or indemnity basis to a person(s) eligible for medicare shall provide to those applicants a "Guide to Health Insurance for People with Medicare" in the form developed jointly by the "National Association of Insurance Commissioners" and the "Centers for Medicare and Medicaid Services" ("CMS") and in a type size no smaller than twelve point type. Delivery of the guide shall be made whether or not such policies or certificates are advertised, solicited or issued as medicare supplement policies or certificates as defined in this rule. Except in the case of direct response issuers, delivery of the guide shall be made to the applicant at the time of application and acknowledgement of receipt of the guide shall be obtained by the issuer. Direct response issuers shall deliver the guide to the applicant upon request but not later than at the time the policy is delivered.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(1)(f)(i)	Shall	Issuers of accident and sickness policies or certificates which provide hospital or medical expense coverage on an expense incurred or indemnity basis to a person(s) eligible for medicare shall provide to those applicants a "Guide to Health Insurance for People with Medicare" in the form developed jointly by the "National Association of Insurance Commissioners" and the "Centers for Medicare and Medicaid Services" ("CMS") and in a type size no smaller than twelve point type. Delivery of the guide shall be made whether or not such policies or certificates are advertised, solicited or issued as medicare supplement policies or certificates as defined in this rule. Except in the case of direct response issuers, delivery of the guide shall be made to the applicant at the time of application and acknowledgement of receipt of the guide shall be obtained by the issuer. Direct response issuers shall deliver the guide to the applicant upon request but not later than at the time the policy is delivered.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(T)(1)(f)(i)	Shall	Issuers of accident and sickness policies or certificates which provide hospital or medical expense coverage on an expense incurred or indemnity basis to a person(s) eligible for medicare shall provide to those applicants a "Guide to Health Insurance for People with Medicare" in the form developed jointly by the "National Association of Insurance Commissioners" and the "Centers for Medicare and Medicaid Services" ("CMS") and in a type size no smaller than twelve point type. Delivery of the guide shall be made whether or not such policies or certificates are advertised, solicited or issued as medicare supplement policies or certificates as defined in this rule. Except in the case of direct response issuers, delivery of the guide shall be made to the applicant at the time of application and acknowledgement of receipt of the guide shall be obtained by the issuer. Direct response issuers shall deliver the guide to the applicant upon request but not later than at the time the policy is delivered.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(1)(f)(i)	Shall	Issuers of accident and sickness policies or certificates which provide hospital or medical expense coverage on an expense incurred or indemnity basis to a person(s) eligible for medicare shall provide to those applicants a "Guide to Health Insurance for People with Medicare" in the form developed jointly by the "National Association of Insurance Commissioners" and the "Centers for Medicare and Medicaid Services" ("CMS") and in a type size no smaller than twelve point type. Delivery of the guide shall be made whether or not such policies or certificates are advertised, solicited or issued as medicare supplement policies or certificates as defined in this rule. Except in the case of direct response issuers, delivery of the guide shall be made to the applicant at the time of application and acknowledgement of receipt of the guide shall be obtained by the issuer. Direct response issuers shall deliver the guide to the applicant upon request but not later than at the time the policy is delivered.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(2)(a)	Shall	As soon as practicable, but no later than thirty days prior to the annual effective date of any medicare benefit changes, an issuer shall notify its policyholders and certificate holders of modifications it has made to medicare supplement policies or certificates in a format acceptable to the superintendent. The requirements of this paragraph apply to medicare supplement policies and certificates delivered or issued for delivery in this state before or after the effective date of this rule. The notice shall be in twelve point type in a format acceptable to the superintendent. The notice shall:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(2)(a)	Shall	As soon as practicable, but no later than thirty days prior to the annual effective date of any medicare benefit changes, an issuer shall notify its policyholders and certificate holders of modifications it has made to medicare supplement policies or certificates in a format acceptable to the superintendent. The requirements of this paragraph apply to medicare supplement policies and certificates delivered or issued for delivery in this state before or after the effective date of this rule. The notice shall be in twelve point type in a format acceptable to the superintendent. The notice shall:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(T)(2)(a)	Shall	As soon as practicable, but no later than thirty days prior to the annual effective date of any medicare benefit changes, an issuer shall notify its policyholders and certificate holders of modifications it has made to medicare supplement policies or certificates in a format acceptable to the superintendent. The requirements of this paragraph apply to medicare supplement policies and certificates delivered or issued for delivery in this state before or after the effective date of this rule. The notice shall be in twelve point type in a format acceptable to the superintendent. The notice shall:	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(2)(a)(i)	Shall	The notice shall: Include a description of revisions to the medicare program and a description of each modification made to the coverage provided under the medicare supplement policy or certificate; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(2)(a)(ii)	Shall	The notice shall: Inform each policyholder or certificate holder as to when any premium adjustment is to be made due to changes in medicare.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(2)(b)	Shall	The notice of benefit modifications and any premium adjustments shall be in outline form and in clear and simple terms so as to facilitate comprehension.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(2)(c)	Shall Not	Such notices shall not contain or be accompanied by any solicitation.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(3)	Shall	Issuers shall comply with any notice requirements of the "Medicare Prescription Drug, Improvement, and Modernization Act of 2003."	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	Yes, federal law	Yes, federal law
3901-8-08	3901-8-08(T)(4)(a)	Shall	Issuers shall provide an outline of coverage to all applicants at the time application is presented to the prospective applicant and, except for direct response policies, shall obtain an acknowledgement of receipt of the outline from the applicant; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(4)(a)	Shall	Issuers shall provide an outline of coverage to all applicants at the time application is presented to the prospective applicant and, except for direct response policies, shall obtain an acknowledgement of receipt of the outline from the applicant; and	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(4)(b)	Shall	If an outline of coverage is provided at the time of application and the medicare supplement policy or certificate is issued on a basis which would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate shall accompany such policy or certificate when it is delivered and contain the following statement, in no less than twelve-point type, immediately above the company name: "Notice: read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued."	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(T)(4)(c)	Shall	The outline of coverage provided to applicants pursuant to paragraph (T) of this rule shall be in the form prescribed in appendix C to this rule, and consists of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. The outline of coverage shall be in the language, format and order prescribed in appendix C to this rule in no less than twelve point type. All plans shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(4)(c)	Shall	The outline of coverage provided to applicants pursuant to paragraph (T) of this rule shall be in the form prescribed in appendix C to this rule, and consists of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. The outline of coverage shall be in the language, format and order prescribed in appendix C to this rule in no less than twelve point type. All plans shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(4)(c)	Shall	The outline of coverage provided to applicants pursuant to paragraph (T) of this rule shall be in the form prescribed in appendix C to this rule, and consists of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. The outline of coverage shall be in the language, format and order prescribed in appendix C to this rule in no less than twelve point type. All plans shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(T)(4)(c)	Shall	The outline of coverage provided to applicants pursuant to paragraph (T) of this rule shall be in the form prescribed in appendix C to this rule, and consists of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. The outline of coverage shall be in the language, format and order prescribed in appendix C to this rule in no less than twelve point type. All plans shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(4)(c)	Shall	The outline of coverage provided to applicants pursuant to paragraph (T) of this rule shall be in the form prescribed in appendix C to this rule, and consists of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. The outline of coverage shall be in the language, format and order prescribed in appendix C to this rule in no less than twelve point type. All plans shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(5)(a)	Shall	Any sickness and accident insurance policy or certificate, other than a medicare supplement policy or a policy issued pursuant to a contract under section 1876 of the "Social Security Act" (42 U.S.C. section 1395, et seq.); disability income policy; or other policy identified in paragraph (C)(2) of this rule, issued for delivery in this state to persons eligible for medicare shall notify insureds under the policy that the policy is not a medicare supplement policy or certificate. The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy, or certificate delivered to insureds. The notice shall be in no less than twelve-point type and shall contain the following language: "This (policy or certificate) is not a medicare supplement (policy or certificate). If you are eligible for medicare, review the "Guide to Health Insurance for People with Medicare" available from the company."	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(T)(5)(a)	Shall	Any sickness and accident insurance policy or certificate, other than a medicare supplement policy or a policy issued pursuant to a contract under section 1876 of the "Social Security Act" (42 U.S.C. section 1395, et seq.); disability income policy; or other policy identified in paragraph (C)(2) of this rule, issued for delivery in this state to persons eligible for medicare shall notify insureds under the policy that the policy is not a medicare supplement policy or certificate. The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy, or certificate delivered to insureds. The notice shall be in no less than twelve-point type and shall contain the following language: "This (policy or certificate) is not a medicare supplement (policy or certificate). If you are eligible for medicare, review the "Guide to Health Insurance for People with Medicare" available from the company."	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(5)(b)	Shall	Applications provided to persons eligible for medicare for the health insurance policies or certificates described in paragraph (T)(4)(a) of this rule shall disclose, using the applicable statement in appendix F to this rule, the extent to which the policy duplicates medicare. The disclosure statement shall be provided as a part of, or together with, the application for the policy or certificate.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(5)(b)	Shall	Applications provided to persons eligible for medicare for the health insurance policies or certificates described in paragraph (T)(4)(a) of this rule shall disclose, using the applicable statement in appendix F to this rule, the extent to which the policy duplicates medicare. The disclosure statement shall be provided as a part of, or together with, the application for the policy or certificate.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(U)(1)	Shall	Application forms shall include the statements and questions in appendix D to this rule designed to elicit information as to whether, as of the date of the application, the applicant currently has medicare supplement, "Medicare Advantage", medicaid coverage, or another health insurance policy or certificate in force or whether a medicare supplement policy or certificate is intended to replace any other sickness and accident policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and agent, containing such statements and questions may be used.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(U)(2)	Shall	In the case of a direct response issuer, a copy of the application or supplemental form, signed by the applicant, and acknowledged by the issuer, shall be returned to the applicant by the issuer upon delivery of the policy.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(U)(3)	Shall	Upon determining that a sale will involve replacement of medicare supplement coverage, any issuer, other than a direct response issuer, or its agent, shall furnish the applicant, prior to issuance or delivery of the medicare supplement policy or certificate, a notice regarding replacement of medicare supplement coverage. One copy of such notice signed by the applicant and the agent, except where the coverage is sold without an agent, shall be provided to the applicant and an additional signed copy shall be retained by the issuer. A direct response issuer shall deliver to the applicant at the time of the issuance of the policy the notice regarding replacement of medicare supplement coverage	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(U)(4)	Shall	The notice required by paragraph (U)(3) of this rule, for an issuer shall be as provided in appendix E to this rule in substantially the same form and in no less than twelve point type.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(V)(1)	Shall	Each issuer of medicare supplement policies or certificates in this state shall provide to the superintendent, prior to its use, a copy of any medicare supplement advertisement intended for use in this state, whether through written or electronic media. No such advertisement shall be used unless approved in writing by the superintendent. Any advertisement not disapproved within thirty days after filing shall be deemed approved.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(V)(1)	Shall	Each issuer of medicare supplement policies or certificates in this state shall provide to the superintendent, prior to its use, a copy of any medicare supplement advertisement intended for use in this state, whether through written or electronic media. No such advertisement shall be used unless approved in writing by the superintendent. Any advertisement not disapproved within thirty days after filing shall be deemed approved.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(V)(1)	Shall	Each issuer of medicare supplement policies or certificates in this state shall provide to the superintendent, prior to its use, a copy of any medicare supplement advertisement intended for use in this state, whether through written or electronic media. No such advertisement shall be used unless approved in writing by the superintendent. Any advertisement not disapproved within thirty days after filing shall be deemed approved.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(V)(2)	Shall	If the image or voice of a celebrity is used in the advertisement, any medicare supplement advertisement shall disclose that the celebrity has been paid to endorse or advertise the policy. In radio and television advertising, the disclosure shall be spoken by the celebrity. In print advertising, the disclosure shall appear in at least twelve-point type, surrounded by a black line box. There shall be at least one-eighth inch blank space between the black line box and the text of the disclosure. The box shall surround no other text or graphic image. An issuer may determine the precise language in which it makes this disclosure, provided the language is clear and unambiguous.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(W)(1)(a)	Shall	An issuer, directly or through its producers, shall: Establish marketing procedures to assure that any comparison of policies by its agents or other producers will be fair and accurate.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(W)(1)(b)	Shall	An issuer, directly or through its producers, shall: Establish marketing procedures to assure excessive insurance is not sold or issued.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(W)(1)(c)	Shall	An issuer, directly or through its producers, shall: Display prominently by type, stamp or other appropriate means, on the first page of the policy the following: "Notice to buyer: This policy may not cover all of your medical expenses."	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(W)(1)(d)	Shall	An issuer, directly or through its producers, shall: Inquire and otherwise make every reasonable effort to identify whether a prospective applicant or enrollee for medicare supplement insurance already has sickness and accident insurance and the types and amounts of any such insurance.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(W)(1)(e)	Shall	An issuer, directly or through its producers, shall: Establish auditable procedures for verifying compliance with paragraph (W)(1) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(W)(2)(a)	Other - prohibits an action	In addition to the practices prohibited in sections 3901.19 to 3901.221 of the Revised Code, paragraph (C) of rule 3901-1-07 of the Administrative Code, and paragraph (D) of rule 3901-8-09 of the Administrative Code, the following acts and practices are prohibited: Twisting. Knowingly making any misleading representation or incomplete or fraudulent comparison of any insurance policies or insurers for the purpose of inducing, or tending to induce, any person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on, or convert any insurance policy or to take out a policy of insurance with another insurer.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(W)(2)(b)	Other - prohibits an action	In addition to the practices prohibited in sections 3901.19 to 3901.221 of the Revised Code, paragraph (C) of rule 3901-1-07 of the Administrative Code, and paragraph (D) of rule 3901-8-09 of the Administrative Code, the following acts and practices are prohibited: High pressure tactics. Employing any method of marketing having the effect of or tending to induce the purchase of insurance through force, fright, threat whether explicit or implied, or undue pressure to purchase or recommend the purchase of insurance.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(W)(2)(c)	Other - prohibits an action	In addition to the practices prohibited in sections 3901.19 to 3901.221 of the Revised Code, paragraph (C) of rule 3901-1-07 of the Administrative Code, and paragraph (D) of rule 3901-8-09 of the Administrative Code, the following acts and practices are prohibited: Cold lead advertising. Making use directly or indirectly of any method of marketing which fails to disclose in a conspicuous manner that a purpose of the method of marketing is solicitation of insurance and that contact will be made by an insurance agent or insurance company.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(W)(3)	Shall Not	The terms "medicare supplement," "medigap," "medicare wrap-around" and words of similar import shall not be used unless the policy is issued in compliance with this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(X)(1)	Shall	In recommending the purchase or replacement of any medicare supplement policy or certificate an agent shall make reasonable efforts to determine the appropriateness of a recommended purchase or replacement.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(X)(2)	Other - prohibits an action	Any sale of a medicare supplement policy or certificate that will provide an individual more than one medicare supplement policy or certificate is prohibited.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(X)(3)	Shall Not	An issuer shall not issue a medicare supplement policy or certificate to an individual enrolled in medicare "Part C" unless the effective date of the coverage is after the termination date of the individual's "Part C" coverage.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Y)(1)(a)	Shall	On or before March first of each year, an issuer shall report the following information for every individual resident of this state for which the issuer has in force more than one medicare supplement policy or certificate: Policy and certificate number, and Date of issuance.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Y)(2)	Must	The items set forth above must be grouped by individual policyholder.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Z)(1)	Shall	If a medicare supplement policy or certificate replaces another medicare supplement policy or certificate, the replacing issuer shall waive any time periods applicable to preexisting conditions, waiting periods, elimination periods and probationary periods in the new medicare supplement policy or certificate to the extent such time was spent under the original policy.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Z)(2)	Shall Not	If a medicare supplement policy or certificate replaces another medicare supplement policy or certificate which has been in effect for at least six months, the replacing policy shall not provide any time period applicable to preexisting conditions, waiting periods, elimination periods and probationary periods.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(AA)(1)	Shall Not	An issuer of a medicare supplement policy or certificate shall not deny or condition the issuance or effectiveness of the policy or certificate (including the imposition of any exclusion of benefits under the policy based on a preexisting condition) and shall not discriminate in the pricing of the policy or certificate (including the adjustment of premium rates) of an individual on the basis of the genetic information with respect to such individual.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(AA)(1)	Shall Not	An issuer of a medicare supplement policy or certificate shall not deny or condition the issuance or effectiveness of the policy or certificate (including the imposition of any exclusion of benefits under the policy based on a preexisting condition) and shall not discriminate in the pricing of the policy or certificate (including the adjustment of premium rates) of an individual on the basis of the genetic information with respect to such individual.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(AA)(2)(a)-(b)	Shall	Nothing in paragraph (AA)(1) of this rule shall be construed to limit the ability of an issuer, to the extent otherwise permitted by law, from: Denying or conditioning the issuance or effectiveness of the policy or certificate or increasing the premium for an employer based on the manifestation of a disease or disorder of an insured or applicant; or Denying or conditioning the issuance or effectiveness of the policy or certificate or increasing the premium for an employer based on the manifestation of a disease or disorder of an insured or applicant; or	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(AA)(3)	Shall Not	An issuer of a medicare supplement policy or certificate shall not request or require an individual or a family member of such individual to undergo a genetic test.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(AA)(4)	Shall Not	Paragraph (AA)(3) of this rule shall not be construed to preclude an issuer of a medicare supplement policy or certificate from obtaining and using the results of a genetic test in making a determination regarding payment (as defined for the purposes of applying the regulations promulgated under part "C" of "Title XI" and section 264 of the "Health Insurance Portability and Accountability Act of 1996," as may be revised from time to time) and consistent with paragraph (AA)(1) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(AA)(6)(a)	Other - requires an action	Notwithstanding paragraph (AA)(3) of this rule, an issuer of a medicare supplement policy may request, but not require, that an individual or a family member of such an individual undergo a genetic test if each of the following conditions is met: The request is made pursuant to research that complies with section 46 of Title 45, Code of Federal Regulations, or equivalent federal regulations, and any applicable state or local law or regulations for the protection of human subjects in research.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(AA)(6)(b)	Other - requires an action	Notwithstanding paragraph (AA)(3) of this rule, an issuer of a medicare supplement policy may request, but not require, that an individual or a family member of such an individual undergo a genetic test if each of the following conditions is met: The issuer clearly indicates to each individual, or in the case of a minor child, to the legal guardian of such child, to whom the request is made, that: The issuer clearly indicates to each individual, or in the case of a minor child, to the legal guardian of such child, to whom the request is made, that: Compliance with the test is voluntary; and The issuer clearly indicates to each individual, or in the case of a minor child, to the legal guardian of such child, to whom the request is made, that: Non-compliance will have no effect on enrollment status or premium or contribution amounts.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(AA)(6)(c)	Shall	No genetic information collected or acquired under paragraph (AA)(6) of this rule shall be used for underwriting, determination of eligibility to enroll or maintain enrollment status, premium rates, or the issuance, renewal, or replacement of a policy or certificate.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-08	3901-8-08(AA)(6)(d)	Other - requires an action	Notwithstanding paragraph (AA)(3) of this rule, an issuer of a medicare supplement policy may request, but not require, that an individual or a family member of such an individual undergo a genetic test if each of the following conditions is met: The issuer notifies the secretary in writing that the issuer is conducting activities pursuant to the exception provided for under paragraph (AA)(6) of this rule, including a description of the activities conducted.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(AA)(7)	Shall Not	An issuer of a medicare supplement policy or certificate shall not request, require, or purchase genetic information for underwriting purposes.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(AA)(8)	Shall Not	An issuer of a medicare supplement policy or certificate shall not request, require, or purchase genetic information with respect to any individual prior to such individual's enrollment under the policy in connection with such enrollment.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(AA)(9)	Shall Not	If an issuer of a medicare supplement policy or certificate obtains genetic information incidental to the requesting, requiring, or purchasing of other information concerning any individual, such request, requirement, or purchase shall not be considered a violation of paragraph (AA)(8) of this rule if such request, requirement, or purchase is not in violation of paragraph (AA)(7) of this rule.	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(BB)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms or provisions shall be and continue in full force and effect.		No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Q)(2)(a)	Shall	Appendix A	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(Y)(3)	Other - requires an action	Appendix B	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(9)(a)	Shall	Appendix C	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(M)(9)(a)	Shall	Appendix C	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(U)(1)	Shall	Appendix D	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(U)(4)	Shall	Appendix E	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority
3901-8-08	3901-8-08(T)(5)(b)	Shall	Appendix F	R.C. 3901.041, R.C. 3923.33 and R.C. 3923.331 to R.C. 3923.339	No, general rulemaking authority	No, general rulemaking authority

3901-8-09	(B)	Shall	(B) Authority "This rule is promulgated pursuant to the authority vested in the superintendent under section 3901.041 of the Revised Code, providing that the superintendent of insurance shall adopt, amend and rescind rules and make adjudications necessary to discharge the superintendent's duties and exercise the superintendent's powers under Title 39 of the Revised Code; section 3923.332 of the Revised Code, providing that the superintendent shall adopt reasonable rules to establish minimum standards for advertising and marketing practices for medicare supplemental policies and certificates; and section 3901.21 of the Revised Code, providing that the enumeration in sections 3901.19 to 3901.26 of the Revised Code of specific unfair or deceptive acts or practices in the business of insurance is not exclusive or restrictive or intended to limit the powers of the superintendent of insurance to adopt rules to implement said section, or to take action under other sections of the Revised Code."	3901.041, 3923.332 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-09	(D)	Shall	(D)Unfair or deceptive acts or practices defined "It shall be deemed an unfair or deceptive act or practice tocommit or perform any of the following: (1)Any implication, either verbal orwritten, which conveys the impression that any medicare supplemental insuranceprogram being offered by a company or agentis affiliated with or sponsored by the federal government, the social securityadministration, the centers for medicare and medicaid services, or thedepartment of health and human services. No solicitation, advertisement, ormarketing material shall be used in the state that fails to include thefollowing or a substantially similar disclaimer: "Not connected with orendorsed by the U.S. government or the federal medicare program." (2)Any of the following unsolicited contactswith a medicare-eligible person: (a)Door-to-door solicitation including leaving information such as a leaflet,flyer, or door hanger at a residence, or leaving information such as a leafletor flyer on someone's car; (b)Approaching individual prospective applicants in common areas (e.g., parkinglots, hallways, lobbies, sidewalks, etc.); (c)Telephonic orelectronic solicitation including leaving electronic voicemail messages, text messages or direct social media messages; (d)These prohibitions on marketing through unsolicited contacts do not extend to advertisements through masscommunications including direct mail, or unsolicited contacts withprospective applicants with whom the entity or insurance agent has a business relationship, regardless of the	3901.041, 3923.332 and 3901.21	Yes, state law	Yes, state law
3901-8-09	(E)	Shall Not	(E)Severability "If any paragraph, term or provision of this rule is adjudgedinvalid for any reason, the judgment shall not affect, impair or invalidate anyother paragraph, term or provision of this rule, but the remaining paragraphs,terms and provisions shall be and continue in full force and effect."	3901.041, 3923.332 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-8-10	(D)	Shall	"(D) Required notice When an insurer receives notice from the department of insurance that a public hearing will be held, pursuant to section 3923.021 of the Revised Code to consider an adjustment of the premium rates for a policy, endorsement and/or rider which is subject to this rule, the insurer shall give notice of such public hearing to its policyholders, then shown by its records to be residents of Ohio and who, on the date that the insurer receives notice of the hearing, would be affected by the proposed rate adjustment. Notice need not be given if fewer than one hundred Ohio policyholders would be affected by the proposed adjustment. The department of insurance will reschedule a public hearing upon the request of the insurer if there would be insufficient time before the original hearing date for the insurer to provide notice to its policyholders by the method of providing notice selected by the insurer."	R.C. 3901.041; R.C. 3923.021	No, general rulemaking authority	No, general rulemaking authority
3901-8-10	(E)(1)	Shall	"(E) Method of furnishing notice The insurer shall provide notice to its Ohio policyholders in the following manner: (1) The insurer shall mail notice of the public hearing to the last known address of each policyholder affected by the hearing. Such notice may either be included with other materials sent by the insurer to the policyholder, or by a separate mailing. Such notice shall be mailed not less than five days prior to the scheduled hearing date. Alternatively, the insurer may mail a brief notification to the last known address of each policyholder affected by the hearing, stating that the policyholder may access information via the insurer's website about an imminent rate hearing that may affect their policy. Such brief notification must include the name and address of the insurer and the date of the scheduled hearing and include the internet website address. The notification must also provide a toll free number and state that the number is where the policyholder can request a paper mailing of the notice information described in paragraph (C)(1) of this rule. The notification must be mailed not less than ten days prior to the scheduled hearing date."	R.C. 3901.041; R.C. 3923.021	No, general rulemaking authority	No, general rulemaking authority
3901-8-10	(E)(2)(a)	Shall	"(2) As an alternative to providing direct mail notice to each affected policyholder, the insurer may elect to furnish notice of the hearing by the following method: (a) The insurer shall create and maintain a mailing list of policyholders, who have indicated a desire to receive notice of a public hearing. The insurer shall notify each of its Ohio policyholders at least once each year of their right to have their name and address placed on such a mailing list. When a hearing is scheduled which will affect the premium rates of a policyholder who has had his name placed on the mailing list, the insurer shall furnish that policyholder with notice of the public hearing in the same manner that notice is provided in paragraph (E)(1) of this rule.	R.C. 3901.041; R.C. 3923.021	No, general rulemaking authority	No, general rulemaking authority

3901-8-10	(E)(2)(b)	Shall	"(2) As an alternative to providing direct mail notice to each affected policyholder, the insurer may elect to furnish notice of the hearing by the following method: (b) In addition to providing notice to those policyholders on its mailing list each insurer shall provide notice of the hearing to its other affected policyholders through publication of appropriate legal advertisements where the total number of such affected policyholders is less than fifteen thousand. If the hearing will affect policyholders throughout the state of Ohio, the insurer shall make statewide publication of the legal advertisements. If the hearing will only affect policyholders residing in some limited geographical area within the state, the insurer shall make regional publication of the legal advertisement instead of statewide publication. The legal advertisement shall be published at least twice prior to the scheduled hearing date. The second such publication must be made no more than five days prior to the scheduled hearing date.	R.C. 3901.041; R.C. 3923.021	No, general rulemaking authority	No, general rulemaking authority
3901-8-10	(E)(2)(c)	Must	"(2) As an alternative to providing direct mail notice to each affected policyholder, the insurer may elect to furnish notice of the hearing by the following method: (c) As an alternative to providing notice by publication of legal advertisements, the insurer may provide notice to affected policyholders by publication of appropriate display advertisements. Such display advertisement must be used instead of a legal advertisement if more than fifteen thousand of the insurer's policyholders will be affected by the public hearing. If the hearing will affect policyholders throughout the state of Ohio, the insurer shall make state-wide publication of the display advertisements. If the hearing will only affect policyholders residing in some limited geographical area within the state, the insurer shall make regional publication of the display advertisements instead of state-wide publication. The display advertisements shall be published at least twice prior to the scheduled hearing date. The second such publication must be made no more than five days prior to the scheduled hearing date."	R.C. 3901.041; R.C. 3923.021	No, general rulemaking authority	No, general rulemaking authority
3901-8-10	(E)(3)(a)	Shall	"(3) As an alternative to providing notice in the manner described in paragraph (E)(1) or (E)(2) of this rule, the insurer may elect to furnish notice of the hearing by the following method: (a) The insurer shall email notice of the public hearing to the last known email address of each policyholder affected by the hearing. Such notice may either be included with other materials sent by the insurer to the policyholder, or by a separate email. Such notice shall be emailed not less than five days prior to the scheduled hearing date. The notification must also provide a toll free number and state that the number is where the policyholder can request a paper mailing of the notice information described in paragraph (C)(1) of this rule."	R.C. 3901.041; R.C. 3923.021	No, general rulemaking authority	No, general rulemaking authority

3901-8-10	(E)(3)(b)	Shall	"(3) As an alternative to providing notice in the manner described in paragraph (E)(1) or (E)(2) of this rule, the insurer may elect to furnish notice of the hearing by the following method: (b) In addition to providing email notice to policyholders each insurer shall provide notice of the hearing to its affected policyholders through publication of appropriate legal advertisements where the total number of such affected policyholders is less than fifteen thousand. If the hearing will affect policyholders throughout the state of Ohio, the insurer shall make statewide publication of the legal advertisements. If the hearing will only affect policyholders residing in some limited geographical area within the state, the insurer shall make regional publication of the legal advertisement instead of statewide publication. The legal advertisement shall be published at least twice prior to the scheduled hearing date. The second such publication must be made no more than five days prior to the scheduled hearing date."	R.C. 3901.041; R.C. 3923.021	No, general rulemaking authority	No, general rulemaking authority
3901-8-10	(E)(3)(c)	Must	"(3) As an alternative to providing notice in the manner described in paragraph (E)(1) or (E)(2) of this rule, the insurer may elect to furnish notice of the hearing by the following method: (c) As an alternative to providing notice by publication of legal advertisements, the insurer may provide notice to affected policyholders by publication of appropriate display advertisements. Such display advertisement must be used instead of a legal advertisement if more than fifteen thousand of the insurer's policyholders will be affected by the public hearing. If the hearing will affect policyholders throughout the state of Ohio, the insurer shall make state-wide publication of the display advertisements. If the hearing will only affect policyholders residing in some limited geographical area within the state, the insurer shall make regional publication of the display advertisements instead of state-wide publication. The display advertisements shall be published at least twice prior to the scheduled hearing date. The second such publication must be made no more than five days prior to the scheduled hearing date."	R.C. 3901.041; R.C. 3923.021	No, general rulemaking authority	No, general rulemaking authority
3901-8-10	(F)	Shall Not	"(F) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate anyother paragraph, term or provision of this rule, but the remaining paragraphs,terms and provisions shall be and continue in full force and effect."	R.C. 3901.041; R.C. 3923.021	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(A)	Other - prohibits an action	The purpose of this rule is to define certain additional unfair trade practices and to set forth minimum standards in connection with the investigation and disposition of health claims arising under policies, certificates or contracts issued pursuant to Ohio's insurance statutes, rules and regulations under Titles XVII and XXXIX of the Revised Code. Nothing herein shall be construed to create or imply a private cause of action for violation of this rule.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(B)	Prohibit	Sections 3901.20 and 3901.21 of the Revised Code, respectively, prohibit unfair or deceptive practices in the business of insurance and define certain acts or practices as unfair or deceptive.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority

3901-8-11	(D)(1)	Shall	(1) A third-party payer shall notify the beneficiary and the provider of the denial of any claim. The notification shall include the specific reasons for the denial and the contract provision, condition, limitation or exclusion of the benefit plan or contract that is the basis for the denial of payment for the claim. The information must be provided in such a way that a reasonable person would understand the reasons and basis for the denial.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	Yes, state law	Yes, state law
3901-8-11	(D)(1)	Shall	(1) A third-party payer shall notify the beneficiary and the provider of the denial of any claim. The notification shall include the specific reasons for the denial and the contract provision, condition, limitation or exclusion of the benefit plan or contract that is the basis for the denial of payment for the claim. The information must be provided in such a way that a reasonable person would understand the reasons and basis for the denial.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	Yes, state law	Yes, state law
3901-8-11	(D)(1)	Must	(1) A third-party payer shall notify the beneficiary and the provider of the denial of any claim. The notification shall include the specific reasons for the denial and the contract provision, condition, limitation or exclusion of the benefit plan or contract that is the basis for the denial of payment for the claim. The information must be provided in such a way that a reasonable person would understand the reasons and basis for the denial.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	Yes, state law	Yes, state law
3901-8-11	(D)(2)	Other - prohibits an action	No third-party payer shall indicate to a beneficiary or provider on an electronic payment or transmittal, payment draft, check, or in any communication that the payment is "final" or a "release of claim" unless the third-party payer has paid the benefit plan or contract's limit or the provider or beneficiary has agreed to a compromise settlement	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(D)(3)	Shall	When a third-party payer administers more than one benefit plan under which a beneficiary may make a claim for benefits and has been notified by the beneficiary or provider that more than one claim may be filed for benefits, the third-party payer shall establish procedures to eliminate duplicate processing procedures and to encourage concurrent processing of the claims.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(D)(4)	Shall	The third-party payer shall inform the beneficiary or provider with specificity what supporting documentation is required to determine whether additional benefits would be payable.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	Yes, state law	Yes, state law
3901-8-11	(E)(1)(a)	Shall	(E) Coordinated care practices (1) Every third-party payer with coordinated care provisions in a benefit plan or contract shall: (a) Fully explain in the policy and certificate the procedures required for compliance with coordinated care provisions, including all penalties for failure to comply with those procedures.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(E)(1)(b)	Shall	(E) Coordinated care practices (1) Every third-party payer with coordinated care provisions in a benefit plan or contract shall: (b) Process claims for any services or procedures which the third-party payer has authorized pursuant to the beneficiary's or provider's compliance with coordinated care procedures subject to non-coordinated care provisions.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority

3901-8-11	(E)(1)(c)	Shall	(E) Coordinated care practices (1) Every third-party payer with coordinated care provisions in a benefit plan or contract shall: (a) Fully explain in the policy and certificate the procedures required for compliance with coordinated care provisions, including all penalties for failure to comply with those procedures. (b) Process claims for any services or procedures which the third-party payer has authorized pursuant to the beneficiary's or provider's compliance with coordinated care procedures subject to non-coordinated care provisions. (c) Provide the beneficiary or provider with timely written notification of the confirmation or denial of coverage pursuant to coordinated care requirements of the beneficiary's benefit plan or contract. Unless the third-party payer has determined that all claims will be paid in full or denied, the notification shall include the following statement at the top of the notice, in twelve point bold face type, before any other textual information: This is not an approval for claim payment Confirmation of (particular coordinated care provision) only We have not yet reviewed the patient's health care plan. Depending on the limitations of the health care plan, we may pay all, part, or none of the claims.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(E)(1)(c)	Shall	(E) Coordinated care practices (1) Every third-party payer with coordinated care provisions in a benefit plan or contract shall: (a) Fully explain in the policy and certificate the procedures required for compliance with coordinated care provisions, including all penalties for failure to comply with those procedures. (b) Process claims for any services or procedures which the third-party payer has authorized pursuant to the beneficiary's or provider's compliance with coordinated care procedures subject to non-coordinated care provisions. (c) Provide the beneficiary or provider with timely written notification of the confirmation or denial of coverage pursuant to coordinated care requirements of the beneficiary's benefit plan or contract. Unless the third-party payer has determined that all claims will be paid in full or denied, the notification shall include the following statement at the top of the notice, in twelve point bold face type, before any other textual information: This is not an approval for claim payment Confirmation of (particular coordinated care provision) only We have not yet reviewed the patient's health care plan. Depending on the limitations of the health care plan, we may pay all, part, or none of the claims.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority

3901-8-11	(F)	Shall	If a third-party payer reasonably believes, based upon information obtained and documented, that a beneficiary or provider has fraudulently caused or contributed to the claim as represented by a properly executed and documented claim form or billing, such information shall be presented to the fraud and enforcement division of the Ohio department of insurance within sixty days of when the fraud becomes evident. Any person making such report shall be afforded such immunity and the information submitted shall be confidential as provided by sections 3901.44 and 3999.31 of the Revised Code.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(F)	Shall	If a third-party payer reasonably believes, based upon information obtained and documented, that a beneficiary or provider has fraudulently caused or contributed to the claim as represented by a properly executed and documented claim form or billing, such information shall be presented to the fraud and enforcement division of the Ohio department of insurance within sixty days of when the fraud becomes evident. Any person making such report shall be afforded such immunity and the information submitted shall be confidential as provided by sections 3901.44 and 3999.31 of the Revised Code.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	Yes, state law
3901-8-11	(F)	Shall	If a third-party payer reasonably believes, based upon information obtained and documented, that a beneficiary or provider has fraudulently caused or contributed to the claim as represented by a properly executed and documented claim form or billing, such information shall be presented to the fraud and enforcement division of the Ohio department of insurance within sixty days of when the fraud becomes evident. Any person making such report shall be afforded such immunity and the information submitted shall be confidential as provided by sections 3901.44 and 3999.31 of the Revised Code.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	Yes, state law
3901-8-11	(G)	Shall	Each third-party payer shall maintain complete documentation of every claim for a period of three years. The documentation shall be sufficient to permit complete reconstruction of the third-party payer's activities and communications with respect to each claim. Documentation shall include the date of each activity or communication. All documentation shall be reproducible to paper.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(G)	Shall	Each third-party payer shall maintain complete documentation of every claim for a period of three years. The documentation shall be sufficient to permit complete reconstruction of the third-party payer's activities and communications with respect to each claim. Documentation shall include the date of each activity or communication. All documentation shall be reproducible to paper.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(G)	Shall	Each third-party payer shall maintain complete documentation of every claim for a period of three years. The documentation shall be sufficient to permit complete reconstruction of the third-party payer's activities and communications with respect to each claim. Documentation shall include the date of each activity or communication. All documentation shall be reproducible to paper.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority

3901-8-11	(G)	Shall	Each third-party payer shall maintain complete documentation of every claim for a period of three years. The documentation shall be sufficient to permit complete reconstruction of the third-party payer's activities and communications with respect to each claim. Documentation shall include the date of each activity or communication. All documentation shall be reproducible to paper.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(H)(1)	Shall	(H) Complaint procedure Every third-party payer shall: (1) Establish and maintain a procedure for the expeditious resolution of electronic, written, and oral complaints initiated by beneficiaries and providers.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(H)(2)	Shall	(H) Complaint procedure Every third-party payer shall: (2) Include the third party payer's complaint procedure in every benefit plan, contract or certificate.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(H)(3)	Shall	(H) Complaint procedure Every third-party payer shall: (3) Keep records of written complaints from and responses to beneficiaries and providers for three years.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(I)(1)	Shall	(I) Claim denial dispute procedure Every third-party payer, that does not otherwise meet the definition of "Health Plan Issuer" as set forth in division (P) of section 3922.01 of the Revised Code, shall: (1) Include the following statement or a substantially similar statement on all notification of claim denials: "If you wish to dispute the company's decision on this claim, you may register a complaint by (insert third-party payer's procedure): (insert address of office). In reviewing your complaint, the company will follow the complaint procedure described in your benefits plan."	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-11	(I)(2)	Shall	(I) Claim denial dispute procedure Every third-party payer, that does not otherwise meet the definition of "Health Plan Issuer" as set forth in division (P) of section 3922.01 of the Revised Code, shall: (2) Include the following statement on the written notice to the beneficiary and the provider of the company's final adjudication of a complaint: "If your claim has been denied based on a determination involving medical judgment or if the decision was based on any medical information or the service has been denied on the basis that it is experimental or investigational, you may have a right to request an independent review by an outside medical practitioner. Submit your request in writing to (insert address of third-party payer). If your claim has been denied on the basis that it is not a covered service you have the right to file a complaint with the "Ohio Department of Insurance, Consumer Services Division, 50 West Town Street, Third Floor - Suite 300, Columbus, Ohio 43215, 1-614-644-2673, toll free in Ohio 1-800-686-1526." Complaints may also be filed via the internet athttp://insurance.ohio.gov."	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority

3901-8-11	(K)	Shall Not	If any paragraph, term, or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair, or invalidate any other paragraph, term, or provision of this rule, but the remaining paragraphs, terms, and provisions shall be and continue in full force and effect.	R.C. 3901.041, 3901.20, 2901.21, and 3901.3813	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(A)	Require	The purpose of this rule is to implement the open enrollment statute, sections 3923.58 and 3923.581 of the Revised Code, as recently amended on October 16, 2009, for open enrollment years starting January 1, 2010. This rule requires carriers to provide information to consumers, insurance agents and to the superintendent, pursuant to section 3923.582 of the Revised Code. The open enrollment requirements in this rule apply to any carrier that is in the business of issuing health benefit plans to individuals and/or non-employer groups.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(B)	Shall Not	Pursuant to section 3 of Substitute Senate Bill 9 of the 130th General Assembly, during the period beginning on January 1, 2014, and expiring January 1, 2018, the operation of sections 3923.58, 3923.581 and 3923.582, of the Revised Code are suspended. As a result, carriers shall not be required to offer open enrollment coverage under the "Ohio Open Enrollment Program" on or after January 1, 2014. Therefore, during the period beginning on January 1, 2014, and expiring January 1, 2018, the operation of this rule also is suspended	Section 3 of Substitute Senate Bill 9 of the 130th General Assembly	Yes, state law	Yes, state law
3901-8-12	(C)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(1)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (1) Each carrier shall provide to the superintendent by November 1, 2009, a toll free number that will be used to accept public inquiries on open enrollment coverage. The carrier shall make this number available to the public, beginning December 1, 2009.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(1)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (1) Each carrier shall provide to the superintendent by November 1, 2009, a toll free number that will be used to accept public inquiries on open enrollment coverage. The carrier shall make this number available to the public, beginning December 1, 2009.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(2)	Other - requires an action	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (2) The toll free number will be answered during the carrier's normal business hours.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority

3901-8-12	(C)(3)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (3) Each carrier shall develop a web page, by January 1, 2010, providing notice of the availability of the open enrollment coverage being offered pursuant to the terms of this rule. The open enrollment web page must be easily accessible to visitors to the home page of the carrier's web site.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(3)	Must	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (3) Each carrier shall develop a web page, by January 1, 2010, providing notice of the availability of the open enrollment coverage being offered pursuant to the terms of this rule. The open enrollment web page must be easily accessible to visitors to the home page of the carrier's web site.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(4)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (4) The web page shall include a table of premium rates to enable a consumer to calculate the maximum premium that would be charged to a person of the same age, gender, geographic location and plan selection.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(5)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (5) The web page shall be available at all times and kept as current as possible.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(6)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (6) A carrier shall inform an applicant that has been denied other health coverage by that carrier of the availability of open enrollment coverage with that carrier.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority

3901-8-12	(C)(7)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (7) Each carrier shall make coverage applications available online for consumers or insurance agents to fill out or print and mail to the company. Carriers shall also provide an online contact person who shall answer queries within two business days. Carriers must notify applicants, or their agents of record, of the acceptance or rejection of their application within five business days of receipt of a completed application. Carriers may adjust the terms of coverage as necessary in the event subsequent receipt of relevant documents requires. If the carrier offers coverage subject to a waiting period under section 3923.581 of the Revised Code, the first day of the waiting period shall be the date of receipt of the completed application. No carrier may require enrollment to be made in person. Carriers may accept applications for coverage online, by phone or by mail. A representative of the carrier may contact an agent or applicant who has submitted an application in order to explain the operations of the carrier and to answer any questions the agent or applicant may have. Every carrier shall make open enrollment applications and solicitation documents readily available to any potential agent or applicant who requests such material.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(7)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (7) Each carrier shall make coverage applications available online for consumers or insurance agents to fill out or print and mail to the company. Carriers shall also provide an online contact person who shall answer queries within two business days. Carriers must notify applicants, or their agents of record, of the acceptance or rejection of their application within five business days of receipt of a completed application. Carriers may adjust the terms of coverage as necessary in the event subsequent receipt of relevant documents requires. If the carrier offers coverage subject to a waiting period under section 3923.581 of the Revised Code, the first day of the waiting period shall be the date of receipt of the completed application. No carrier may require enrollment to be made in person. Carriers may accept applications for coverage online, by phone or by mail. A representative of the carrier may contact an agent or applicant who has submitted an application in order to explain the operations of the carrier and to answer any questions the agent or applicant may have. Every carrier shall make open enrollment applications and solicitation documents readily available to any potential agent or applicant who requests such material.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority

3901-8-12	(C)(7)	Must	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (7) Each carrier shall make coverage applications available online for consumers or insurance agents to fill out or print and mail to the company. Carriers shall also provide an online contact person who shall answer queries within two business days. Carriers must notify applicants, or their agents of record, of the acceptance or rejection of their application within five business days of receipt of a completed application. Carriers may adjust the terms of coverage as necessary in the event subsequent receipt of relevant documents requires. If the carrier offers coverage subject to a waiting period under section 3923.581 of the Revised Code, the first day of the waiting period shall be the date of receipt of the completed application. No carrier may require enrollment to be made in person. Carriers may accept applications for coverage online, by phone or by mail. A representative of the carrier may contact an agent or applicant who has submitted an application in order to explain the operations of the carrier and to answer any questions the agent or applicant may have. Every carrier shall make open enrollment applications and solicitation documents readily available to any potential agent or applicant who requests such material.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(7)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (7) Each carrier shall make coverage applications available online for consumers or insurance agents to fill out or print and mail to the company. Carriers shall also provide an online contact person who shall answer queries within two business days. Carriers must notify applicants, or their agents of record, of the acceptance or rejection of their application within five business days of receipt of a completed application. Carriers may adjust the terms of coverage as necessary in the event subsequent receipt of relevant documents requires. If the carrier offers coverage subject to a waiting period under section 3923.581 of the Revised Code, the first day of the waiting period shall be the date of receipt of the completed application. No carrier may require enrollment to be made in person. Carriers may accept applications for coverage online, by phone or by mail. A representative of the carrier may contact an agent or applicant who has submitted an application in order to explain the operations of the carrier and to answer any questions the agent or applicant may have. Every carrier shall make open enrollment applications and solicitation documents readily available to any potential agent or applicant who requests such material.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority

3901-8-12	(C)(7)	Other - prohibits an action	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (7) Each carrier shall make coverage applications available online for consumers or insurance agents to fill out or print and mail to the company. Carriers shall also provide an online contact person who shall answer queries within two business days. Carriers must notify applicants, or their agents of record, of the acceptance or rejection of their application within five business days of receipt of a completed application. Carriers may adjust the terms of coverage as necessary in the event subsequent receipt of relevant documents requires. If the carrier offers coverage subject to a waiting period under section 3923.581 of the Revised Code, the first day of the waiting period shall be the date of receipt of the completed application. No carrier may require enrollment to be made in person. Carriers may accept applications for coverage online, by phone or by mail. A representative of the carrier may contact an agent or applicant who has submitted an application in order to explain the operations of the carrier and to answer any questions the agent or applicant may have. Every carrier shall make open enrollment applications and solicitation documents readily available to any potential agent or applicant who requests such material.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(7)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (7) Each carrier shall make coverage applications available online for consumers or insurance agents to fill out or print and mail to the company. Carriers shall also provide an online contact person who shall answer queries within two business days. Carriers must notify applicants, or their agents of record, of the acceptance or rejection of their application within five business days of receipt of a completed application. Carriers may adjust the terms of coverage as necessary in the event subsequent receipt of relevant documents requires. If the carrier offers coverage subject to a waiting period under section 3923.581 of the Revised Code, the first day of the waiting period shall be the date of receipt of the completed application. No carrier may require enrollment to be made in person. Carriers may accept applications for coverage online, by phone or by mail. A representative of the carrier may contact an agent or applicant who has submitted an application in order to explain the operations of the carrier and to answer any questions the agent or applicant may have. Every carrier shall make open enrollment applications and solicitation documents readily available to any potential agent or applicant who requests such material.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority

3901-8-12	(C)(8)(a)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (8) The following information shall be made available on the carrier's web page: (a) Open enrollment will begin on January first of each year and will remain open until the carrier has reached its statutory limit;	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(8)(b)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (8) The following information shall be made available on the carrier's web page: (b) A clear explanation of "Federally Eligible Individuals" ("FEI") and non-"FEI" individuals including the eligibility requirements for each open enrollment product offered by the carrier; the differences between the "Basic" and "Standard Plan" and any other open enrollment coverage offered. A carrier may use appendix "A" to this rule to satisfy this requirement;	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(8)(c)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (8) The following information shall be made available on the carrier's web page: (c) Under what circumstances an eligible applicant or the applicant's dependents may be subject to a preexisting condition limitation;	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(8)(d)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (8) The following information shall be made available on the carrier's web page: (d) The address and web site where a person may obtain an application, if different from the open enrollment web site;	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(8)(e)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (8) The following information shall be made available on the carrier's web page: (e) The telephone number that a customer may call and hours of operation and an e-mail address in order to request an application or to ask questions;	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(8)(f)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (8) The following information shall be made available on the carrier's web page: (f) The date the first payment will be due;	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority

3901-8-12	(C)(8)(g)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (8) The following information shall be made available on the carrier's web page: (g) A rate calculator or a page that would allow a consumer to calculate the actual or maximum premium that would be charged to a person of the same age, gender, geographic location and plan selection; if the rate provided is the maximum rate, the web page shall explain in what circumstances the actual rate will vary;	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(8)(h)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (8) The following information shall be made available on the carrier's web page: (h) Information regarding the carrier's waiting list, if the carrier maintains one; the process of getting on the waiting list; and the process by which the carrier shall notify applicants of enrollment decisions.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(9)	Must	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (9) Information regarding open enrollment must be easily accessible to callers of the toll free telephone number. Persons answering the toll free telephone number must be adequately trained and informed about the open enrollment process. In addition to the information required in paragraph (D)(8) of this rule, persons answering the toll free number must be able to answer customer questions and provide the actual rate, or the maximum rate, that will be applicable to the eligible applicant for all open enrollment products offered by the carrier.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(9)	Must	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (9) Information regarding open enrollment must be easily accessible to callers of the toll free telephone number. Persons answering the toll free telephone number must be adequately trained and informed about the open enrollment process. In addition to the information required in paragraph (D)(8) of this rule, persons answering the toll free number must be able to answer customer questions and provide the actual rate, or the maximum rate, that will be applicable to the eligible applicant for all open enrollment products offered by the carrier.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority

3901-8-12	(C)(9)	Must	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (9) Information regarding open enrollment must be easily accessible to callers of the toll free telephone number. Persons answering the toll free telephone number must be adequately trained and informed about the open enrollment process. In addition to the information required in paragraph (D)(8) of this rule, persons answering the toll free number must be able to answer customer questions and provide the actual rate, or the maximum rate, that will be applicable to the eligible applicant for all open enrollment products offered by the carrier.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(10)	Other - prohibits an action	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (10) No carrier may employ any scheme, plan, or device that restricts the ability of any person to enroll during open enrollment.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(11)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (11) The carrier shall electronically certify on a form prescribed by the superintendent if and when it has met the enrollment limit. In addition, the carrier shall provide a status update to the superintendent with regard to any waiting list, if the carrier maintains a waiting list, on the fifth business day of the month for the previous month. The status update must also report when the carrier reopens enrollment in order to maintain its enrollment limit. A carrier that does not maintain a waiting list must explain to the superintendent how it will maintain its enrollment limit as current enrollees drop off.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(11)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (11) The carrier shall electronically certify on a form prescribed by the superintendent if and when it has met the enrollment limit. In addition, the carrier shall provide a status update to the superintendent with regard to any waiting list, if the carrier maintains a waiting list, on the fifth business day of the month for the previous month. The status update must also report when the carrier reopens enrollment in order to maintain its enrollment limit. A carrier that does not maintain a waiting list must explain to the superintendent how it will maintain its enrollment limit as current enrollees drop off.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority

3901-8-12	(C)(11)	Must	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (11) The carrier shall electronically certify on a form prescribed by the superintendent if and when it has met the enrollment limit. In addition, the carrier shall provide a status update to the superintendent with regard to any waiting list, if the carrier maintains a waiting list, on the fifth business day of the month for the previous month. The status update must also report when the carrier reopens enrollment in order to maintain its enrollment limit. A carrier that does not maintain a waiting list must explain to the superintendent how it will maintain its enrollment limit as current enrollees drop off.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(11)	Must	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (11) The carrier shall electronically certify on a form prescribed by the superintendent if and when it has met the enrollment limit. In addition, the carrier shall provide a status update to the superintendent with regard to any waiting list, if the carrier maintains a waiting list, on the fifth business day of the month for the previous month. The status update must also report when the carrier reopens enrollment in order to maintain its enrollment limit. A carrier that does not maintain a waiting list must explain to the superintendent how it will maintain its enrollment limit as current enrollees drop off.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(C)(12)	Other - requires an action	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall comply with the following steps by the dates specified. (12) The superintendent will provide on the department of insurance web site a common access point for open enrollment information. The following information may be included: (a) Carriers' toll free numbers; (b) Links to carriers' open enrollment web page; (c) Whether a carrier's open enrollment program is open or closed; (d) Other information as the superintendent deems appropriate.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(D)(1)	Shall	Carriers subject to the requirement to provide open enrollment coverage under sections 3923.58 and 3923.581 of the Revised Code shall provide data to the superintendent as requested	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority

3901-8-12	(D)(3)	Other - requires an action	(2) Carriers are requested to file the data that is enumerated in divisions (C)(1)(a) to (C)(1) (c) and (C)(1)(e) of section 3923.022 of the Revised Code. It should be separately reported for the carrier's non-open enrollment policies and the open enrollment policies. This data should include: (a) The amount of premiums earned by the carrier both before and after any costs related to the carrier's purchase of reinsurance coverage; (b) The total amount of claims for losses paid by the carrier both before and after any reimbursement from reinsurance coverage; (c) The amount of any losses incurred by the carrier but not reported by the carrier in the current or prior year; and (d) The amount of costs incurred by the carrier for reinsurance coverage. (3) Carriers are to report this data electronically for calendar year 2009 and every year thereafter.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(D)(4)	Shall	(2) Carriers are requested to file the data that is enumerated in divisions (C)(1)(a) to (C)(1) (c) and (C)(1)(e) of section 3923.022 of the Revised Code. It should be separately reported for the carrier's non-open enrollment policies and the open enrollment policies. This data should include: (a) The amount of premiums earned by the carrier both before and after any costs related to the carrier's purchase of reinsurance coverage; (b) The total amount of claims for losses paid by the carrier both before and after any reimbursement from reinsurance coverage; (c) The amount of any losses incurred by the carrier but not reported by the carrier in the current or prior year; and (d) The amount of costs incurred by the carrier for reinsurance coverage. (3) Carriers are to report this data electronically for calendar year 2009 and every year thereafter. The non-open enrollment policies include coverage sold to individual insureds or enrollees and non-employer group insureds or enrollees in this state. The open enrollment data should be reported separately for "Federally Eligible Individual" policies and non-"Federally Eligible Individual" policies. "Federally Eligible Individual" has the same meaning as in section 3923.581 of the Revised Code. (4) Carriers shall file this data electronically by April first of each year, starting with April 1, 2010	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-12	(E)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	R.C. 3901.041 and 3923.582	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(C)(1)	Shall	"Enrollee" for the purpose of this rule shall mean any natural person who is entitled or potentially entitled to receive health care benefits provided by a health plan issuer.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(C)(2)	Shall	"Health benefit plan" for the purpose of this rule shall have the same meaning as set forth in division (L) of section 3922.01 of the Revised Code.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-8-16	(C)(3)	Shall	"Health plan issuer" or "issuer" for the purpose of this rule shall mean an entity subject to the insurance laws and rules of this state, or subject to the jurisdiction of the superintendent of insurance, that contracts, or offers to contract, to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services under a health benefit plan, including a sickness and accident insurance company; a health insuring corporation; a fraternal benefit society; a self-funded multiple employer welfare arrangement; or a nonfederal, government health plan. "Health plan issuer" includes a third party administrator licensed under Chapter 3959. of the Revised Code to the extent that the benefits that such an entity is contracted to administer under a health benefit plan are subject to the insurance laws and rules of this state or subject to the jurisdiction of the superintendent. "Health plan issuer" also includes a contracting entity as defined under Chapter 3963. of the Revised Code to the extent that the contracted for health care services are provided under a health benefit plan subject to the insurance laws and rules of this state or subject to the jurisdiction of the superintendent.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)	Must	Provider directories. An issuer must ensure that the format and content of a provider directory of a health benefit plan is sufficiently complete and clear to avoid deception or the capacity or tendency to mislead or deceive by complying with at least the following requirements:	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(a)	Must	Provider directories must be reviewed and updated at least quarterly;	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(b)	Must	An issuer must update its provider directories within fifteen business days of the effective date of the addition, expiration or termination of a provider or facility from the issuer's network. If the issuer is not aware of the addition, expiration or termination of a provider or facility from the issuer's network prior to it taking effect, an issuer's provider directories must be updated within fifteen business days of the issuer becoming aware of such change. An issuer is deemed to be aware of the addition, expiration or termination of a provider or facility from the issuer's network if the issuer:	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(b)	Must	An issuer must update its provider directories within fifteen business days of the effective date of the addition, expiration or termination of a provider or facility from the issuer's network. If the issuer is not aware of the addition, expiration or termination of a provider or facility from the issuer's network prior to it taking effect, an issuer's provider directories must be updated within fifteen business days of the issuer becoming aware of such change. An issuer is deemed to be aware of the addition, expiration or termination of a provider or facility from the issuer's network if the issuer:	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(c)	Must	Directories must conspicuously display the most recent date of update;	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(d)	Must	Issuers must make a reasonable effort to provide assistance to individuals with limited English proficiency or disabilities with respect to accessing the provider directory or directories;	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(e)	Must	Provider directories must be accessible to enrollees online and shall not require enrollees to log-in or to provide a member or group identification number for online access;	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-8-16	(D)(1)(f)	Shall	Provider directories must be accessible to enrollees in paper copy form. Upon request, issuers must provide the paper copy as soon as reasonably practicable. Paper copy provider directories must contain a clear and conspicuous statement noting that enrollees must contact the issuer to confirm the accuracy of paper copy provider directories, as changes may have occurred since the date of printing;	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(f)	Must	Provider directories must be accessible to enrollees in paper copy form. Upon request, issuers must provide the paper copy as soon as reasonably practicable. Paper copy provider directories must contain a clear and conspicuous statement noting that enrollees must contact the issuer to confirm the accuracy of paper copy provider directories, as changes may have occurred since the date of printing;	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(f)	Must	Provider directories must be accessible to enrollees in paper copy form. Upon request, issuers must provide the paper copy as soon as reasonably practicable. Paper copy provider directories must contain a clear and conspicuous statement noting that enrollees must contact the issuer to confirm the accuracy of paper copy provider directories, as changes may have occurred since the date of printing;	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(g)	Must	(g) For each health benefit plan, the associated provider directory must include the following information for each in-network provider: (i) Name; (ii) Gender; (iii) Specialty; (iv) Board certifications; (v) Accepting new patients; (vi) Languages spoken by the physician or clinical staff; and (vii) Office locations.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(h)	Must	An issuer's provider directory or directories must make it clear to an enrollee which providers and facilities belong to each network and which network or networks are applicable to each specific plan offered for sale by the issuer. Additionally, provider directories must contain a general statement describing with clarity whether and how tiers may apply to specific plans and any referral process or requirements that may apply;	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(h)	Must	An issuer's provider directory or directories must make it clear to an enrollee which providers and facilities belong to each network and which network or networks are applicable to each specific plan offered for sale by the issuer. Additionally, provider directories must contain a general statement describing with clarity whether and how tiers may apply to specific plans and any referral process or requirements that may apply;	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(i)	Must	An issuer's provider directory or directories must contain a clear and conspicuous statement describing the process for implementing increased financial liability as a result of a change in network status;	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-8-16	(D)(1)(j)	Must	Issuers must ensure that the name of a network is easily distinguishable and consistent wherever referenced in both print and online materials, including references made on the exchange as defined in division (X) of section 3905.01 of the Revised Code. The name of a network is easily distinguishable if a layperson without specialized insurance industry knowledge is able to easily differentiate among the issuer's networks based on the naming conventions used in the directory.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(k)	Must	An issuer's online provider directory must include a method by which enrollees can search specific specialties of providers;	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(1)	Must	An issuer's online provider directory must include a method by which enrollees can search for specific providers and facilities by name and receive a listing of all networks, and the applicable health plans, to which the provider and facility belongs. Paragraph (D)(1)(l) of this rule, applies one year from the effective date of this rule; and	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(1)(m)	Must	(m) For each health benefit plan, the associated provider directory must include the following information for each in-network facility: (i) The location and contact information for each facility; (ii) The specialty area or areas for which the facility is contracted and included in the network; (iii) The tier to which a facility is assigned, if there is a financial impact to the enrollee; and (iv) A general statement notifying enrollees that there may be providers of services at the facility, such as anesthesiologists, radiologists and laboratories, that are not in-network, and a method for contacting the issuer to obtain more detailed information.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(2)(a)	Must	(2) Out-of-network coverage. With respect to out-of-network coverage, if applicable, an issuer must provide: (a) A general explanation of the process and method used by the issuer to determine reimbursement for out-of-network health care services and describing any balance billing that may occur; and	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(2)(b)	Must	(2) Out-of-network coverage. With respect to out-of-network coverage, if applicable, an issuer must provide: (b) Upon request by an enrollee, a disclosure of the amount of any deductibles, copayments, coinsurance or other amounts for which the enrollee may be responsible. The issuer shall also inform the enrollee through such disclosure that such information is not binding on the issuer and that the amount for which the enrollee is responsible may change.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(2)(b)	Shall	(2) Out-of-network coverage. With respect to out-of-network coverage, if applicable, an issuer must provide: (b) Upon request by an enrollee, a disclosure of the amount of any deductibles, copayments, coinsurance or other amounts for which the enrollee may be responsible. The issuer shall also inform the enrollee through such disclosure that such information is not binding on the issuer and that the amount for which the enrollee is responsible may change.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-8-16	(D)(3)(a)	Must	(3) Identification cards. Identification cards provided to enrollees, if any, must clearly and conspicuously denote: (a) The name of any network(s) applicable to the coverage; and	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(D)(3)(b)	Must	(3) Identification cards. Identification cards provided to enrollees, if any, must clearly and conspicuously denote: (b) Whether such coverage is provided through the exchange as defined in division (X) of section 3905.01 of the Revised Code.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(E)(1)	Shall Not	(E) Financial liability. An issuer shall not implement increased financial liability to enrollees resulting from: (1) An enrollee's reasonable reliance on an incorrect or misleading provider directory or issuer's customer service representative's incorrect or misleading statements with respect to the directory; or	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(E)(2)	Shall Not	(E) Financial liability. An issuer shall not implement increased financial liability to enrollees resulting from: (2) The expiration or termination of a provider or facility from the issuer's network until the provider directory has been updated to reflect such changes.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(F)	Must	Notice. An issuer must provide notice of the expiration or termination of a provider or facility from the issuer's network to an enrollee who has received health care services from that provider or facility within the previous twelve months	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(F)(1)	Must	(1) Notification must be provided as follows: (a) Within fifteen business days of the effective date of the expiration or termination of a provider or facility from the issuer's network; or (b) If the issuer is not aware of the expiration or termination of a provider or facility from the issuer's network prior to it taking effect, notice must be given within fifteen business days of the issuer becoming aware of such change.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(G)	Require	Reporting to the superintendent. The superintendent may require an issuer to submit reports upon request in order to demonstrate compliance with this rule.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(G)(1)	Shall	(1) If reports are required, the superintendent shall prescribe the content, format, and frequency of the reports.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-8-16	(G)(2)	Shall	(2) All documents provided to the superintendent under paragraph (G) of this rule shall be considered work papers of the superintendent that are subject to section 3901.48 of the Revised Code and are confidential and privileged and shall not be considered a public record, as defined in section 149.43 of the Revised Code. The original documents and any copies of them shall not be subject to subpoena and shall not be made public by the superintendent or any other person, except as otherwise provided in section 3901.48 of the Revised Code.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority

3901-8-16	(H)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	R.C. 3901.041 and 3901.21	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(E)(1)	Shall	To apply for a license to operate as a viatical settlement provider in this state, the applicant shall submit a completed application on a form prescribed by the superintendent	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	Yes, state law	Yes, state law
3901-9-01	(E)(2)	Shall Not	An application shall not be considered complete until the superintendent receives the application completed in its entirety, required attachments, and the applicable fee	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	Yes, state law	Yes, state law
3901-9-01	(E)(3)	Shall	The applicant shall be notified if the superintendent considers an application to be incomplete and the application shall not be considered for licensure	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(E)(4)	Other - prohibits an action	All fees paid, as set forth in this rule, including the initial application filing fee, are non-refundable and non-transferable.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(E)(5)	Shall	(5) A viatical settlement provider shall use only the name that appears on the provider's license, except: (a) A viatical settlement provider that intends to do business in this state under any name other than the name that appears on the provider's license shall notify the superintendent in writing prior to using the assumed name in this state. (b) Viatical settlement providers shall include the name appearing on the provider's license in all advertisements, correspondence, and other documents used by the provider in this state.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(E)(5)(a)	Shall	(5) A viatical settlement provider shall use only the name that appears on the provider's license, except: (a) A viatical settlement provider that intends to do business in this state under any name other than the name that appears on the provider's license shall notify the superintendent in writing prior to using the assumed name in this state. (b) Viatical settlement providers shall include the name appearing on the provider's license in all advertisements, correspondence, and other documents used by the provider in this state.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(E)(5)(b)	Shall	(5) A viatical settlement provider shall use only the name that appears on the provider's license, except: (a) A viatical settlement provider that intends to do business in this state under any name other than the name that appears on the provider's license shall notify the superintendent in writing prior to using the assumed name in this state. (b) Viatical settlement providers shall include the name appearing on the provider's license in all advertisements, correspondence, and other documents used by the provider in this state.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority

3901-9-01	(F)(2)	Shall	(F) Applying for renewal of a viatical settlement provider license (2) To renew a viatical settlement provider license to operate in this state, the applicant shall submit a renewal application on a form prescribed by the superintendent and the applicable fee. All information requested in the renewal application must be provided.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	Yes, state law	Yes, state law
3901-9-01	(F)(2)	Must	(F) Applying for renewal of a viatical settlement provider license (2) To renew a viatical settlement provider license to operate in this state, the applicant shall submit a renewal application on a form prescribed by the superintendent and the applicable fee. All information requested in the renewal application must be provided.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	
3901-9-01	(F)(2)(a)	Shall	(F) Applying for renewal of a viatical settlement provider license (2) To renew a viatical settlement provider license to operate in this state, the applicant shall submit a renewal application on a form prescribed by the superintendent and the applicable fee. All information requested in the renewal application must be provided. (a) The applicant shall be notified if the superintendent considers an application to be incomplete and the application shall not be considered for renewal.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(F)(2)(b)	Other - prohibits an action	(F) Applying for renewal of a viatical settlement provider license (2) To renew a viatical settlement provider license to operate in this state, the applicant shall submit a renewal application on a form prescribed by the superintendent and the applicable fee. All information requested in the renewal application must be provided. (b) All fees are non-refundable and non-transferable.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(G)(1)	Other - prohibits an action	A viatical settlement provider may submit a request to voluntarily surrender its license at any time using a form approved for that purpose by the superintendent. No request for license surrender shall be effective until approved by the superintendent.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(G)(2)(a)	Shall Not	(2) A request for voluntary surrender of a viatical settlement provider license shall not be accepted under either of the following circumstances: (a) The superintendent has, prior to the time of the request, already commenced a formal investigation of any allegation of a violation of Chapter 3916. of the Revised Code or any rule promulgated thereunder that, if proven, would result in administrative action on the viatical settlement provider's license; or, (b) The superintendent has issued a notice of opportunity for hearing to the provider.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority

3901-9-01	(G)(2)(b)	Shall Not	(2) A request for voluntary surrender of a viatical settlement provider license shall not be accepted under either of the following circumstances: (a) The superintendent has, prior to the time of the request, already commenced a formal investigation of any allegation of a violation of Chapter 3916. of the Revised Code or any rule promulgated thereunder that, if proven, would result in administrative action on the viatical settlement provider's license; or, (b) The superintendent has issued a notice of opportunity for hearing to the provider.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(H)(1)	Other - prohibits an action	No viatical settlement provider forms shall be used in this state or accepted for filing and approval for use in this state until after a license has been issued.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	Yes, state law	Yes, state law
3901-9-01	(H)(2)	Shall	After a license is issued, but before the viatical settlement provider may conduct business in this state, the viatical settlement provider shall submit the forms required to be filed pursuant to division (A) of section 3916.05 of the Revised Code and obtain approval from the superintendent for use in this state.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(H)(3)	Shall	In addition to all other requirements for approval, all forms filed with the superintendent for approval that require the signature of an Ohio resident viator shall include provisions whereby all parties to the viatical settlement transaction consent to the jurisdiction of the laws of the state of Ohio, except as provided in division (B)(1) of section 3916.02 of the Revised Code or federal law, as applicable.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(I)	Other - requires an action	The fee for a new form filing is fifty dollars per filing.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	Yes, state law	Yes, state law
3901-9-01	(J)(1)	Other - requires an action	(J) Application and license renewal fees for viatical settlement providers (1) The application fee for initial licensure is one thousand dollars. (2) The application fee for license renewal is five hundred dollars.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	Yes, state law	Yes, state law
3901-9-01	(J)(2)	Other - requires an action	(J) Application and license renewal fees for viatical settlement providers (1) The application fee for initial licensure is one thousand dollars. (2) The application fee for license renewal is five hundred dollars.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	Yes, state law	Yes, state law
3901-9-01	(K)(1)	Must	All applicants for a viatical settlement provider license and all licensed viatical settlement providers must provide proof of financial responsibility as defined in division (D) of section 3916.03 of the Revised Code.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	Yes, state law	Yes, state law
3901-9-01	(K)(1)(a)	Shall	All surety bonds, unconditional and irrevocable letters of credit, and deposits of cash and securities ("surety instruments") posted with this state, or drawn in favor of this state, to meet financial responsibility requirements shall be kept current and fully paid for by the applicant, and if a license is issued, the surety instruments shall be kept current and fully paid by the licensee at all times until released by the department in a writing signed by the superintendent.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority

3901-9-01	(K)(1)(a)	Shall	All surety bonds, unconditional and irrevocable letters of credit, and deposits of cash and securities ("surety instruments") posted with this state, or drawn in favor of this state, to meet financial responsibility requirements shall be kept current and fully paid for by the applicant, and if a license is issued, the surety instruments shall be kept current and fully paid by the licensee at all times until released by the department in a writing signed by the superintendent.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(K)(1)(b)(i)	Other - prohibits an action	Surety instruments in place or on deposit for a currently licensed viatical settlement provider may be released by the department upon receipt of audited financial statements indicating positive equity of two hundred fifty thousand dollars and, in the department's sole discretion, acceptable pro-forma quarterly financial statements for the following four quarters indicating equity at or above the two hundred fifty thousand dollar level at all times.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(K)(1)(b)(ii)	Other - prohibits an action	In the event of the denial of a viatical settlement provider license application by the superintendent or a withdrawal of a pending viatical settlement provider license application by the applicant, surety instruments in place or on deposit may be released by the department upon receipt of a formal withdrawal letter from the applicant.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(K)(1)(b)(iii)	Other - prohibits an action	In the event of acceptance by the superintendent of surrender of a viatical settlement provider license, or in the case of the revocation or non-renewal of a viatical settlement provider license by the superintendent, surety instruments in place or on deposit may be released by the department upon receipt of a formal withdrawal letter from the licensee or after the revocation order has been signed by the superintendent, and upon submission by the licensee of written documentation satisfactory to the superintendent confirming that all contracts for purchase of policies by the licensee from Ohio viators have been fully executed, and the viators have received all funds owed to them by the licensee.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(K)(1)(b)(iv)	Other - prohibits an action	No surety instrument in place or on deposit by a viatical settlement provider as proof of compliance with division (D) of section 3916.03 of the Revised Code shall be terminated for any reason without prior approval of the superintendent.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(L)(1)	Shall	In order to assure that viators receive a reasonable return for viaticating an insurance policy, the following shall be the minimum payouts.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(L)(2)	Shall	For viatical settlement transactions involving terminally or chronically ill viators, the payout shall be increased by one hundred per cent of any net cash surrender value of the insurance policy at the time the viatical contract is issued.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-01	(L)(3)	Shall	For viatical settlement transactions involving terminally or chronically ill viators, payouts may be reduced by the minimum premium (including premiums payable for additional benefits retained at the option of the viator), if any, required in order to keep the contract in force for the duration of the viator's remaining life expectancy. Other than this allowable reduction in payout, there shall be no other retention of funds for expenses or broker's fees.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority

3901-9-01	(N)	Shall Not	If any paragraph, subparagraph, term, or provision of this rule be adjudged invalid for any reason, such judgment shall not affect, impair, or invalidate any other paragraph, subparagraph, term, or provision of this rule, but the remaining paragraphs, subparagraphs, terms, or provisions shall be and continue in full force and effect.	R.C. 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(D)(4)	shall	(D)Definitions (4)"Insurance agent" shall have the same meaning as is set forth in division (D) of section 3905.01 of the Revised Code.	3901.041, 3916.05, 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(D)(8)	Other - requires an action	(D)Definitions (8) Registered life insurance agent" means an insurance agent who meets the standards set forth in division (C)(2) of section 3916.02 of the Revised Code and who has registered, as set forth in this rule, with the superintendent of insurance. The registered life insurance agent may operate as a viatical settlement broker in this state, provided that the agent's viatical settlement broker activities are incidental to the agent's regular life insurance business activities as defined in this rule.	3901.041, 3916.05, 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	E(1)-(2)	Shall	(E) Initial license requirements for viatical settlement broker applicants. (1) Applicants shall submit a complete application, on a form prescribed by the superintendent. (2) An application shall not be considered complete until the superintendent receives the application completed in its entirety, required attachments, and the applicable fee.	This rule is promulgated under theauthority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19to 3901.26, 3916.05,and 3916.20 of the RevisedCode.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	E(3)	Shall	(E)Initial licenserequirements for viatical settlement broker applicants (3)If the superintendent determines that an application is incomplete and will not be considered for licensure, the applicant shall be notified.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	E(4)	Shall	(E)Initial licenserequirements for viatical settlement broker applicants (4)"Insurance agent" shall have the same meaning as is set forth in division (D) of section 3905.01of the Revised Code.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	E(5)	Shall	(E)Initial licenserequirements for viatical settlement broker applicants (5)Anindividual viatical settlement broker license whose license has expired, andwho applies for and is issued a new viatical settlement broker license withinone year of the prior license expiration, shall be assigned the same "ViaticalSettlement Continuing Education" (VSE) compliance period that the individualwas assigned for the individual's previous viatical settlement brokerlicense.	This rule is promulgated under theauthority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19to 3901.26, 3916.05,and 3916.20 of the RevisedCode.	No, general rulemaking authority	No, general rulemaking authority

3901-9-02	E(5)(a)	Must	(E)Initial licenserequirements for viatical settlement broker applicants (5)Anindividual viatical settlement broker license whose license has expired, andwho applies for and is issued a new viatical settlement broker license withinone year of the prior license expiration, shall be assigned the same "ViaticalSettlement Continuing Education" (VSE) compliance period that the individualwas assigned for the individual's previous viatical settlement brokerlicense. (a)In order to qualify for a new viatical settlement broker license after theexpiration of a previous viatical settlement broker license, the individualviatical settlement broker applicant must complete all of the VSE creditrequirements that were not completed prior to the expiration of theindividual's previous viatical settlement broker license; and	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05, and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	E(5)(b)	Must	(E)Initial licenserequirements for viatical settlement broker applicants (5)An individual viatical settlement broker license whose license has expired, andwho applies for and is issued a new viatical settlement broker license withinone year of the prior license expiration, shall be assigned the same "ViaticalSettlement Continuing Education" (VSE) compliance period that the individualwas assigned for the individual's previous viatical settlement brokerlicense. (b)The viaticalsettlement broker applicant must provide proof of completion of the requirednumber of approved VSE credits by submitting documentation acceptable to thesuperintendent such as course completion certificates and/or courserosters;	This rule is promulgated under theauthority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19to 3901.26, 3916.05,and 3916.20 of the RevisedCode.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	E(5)(c)	Must	(E) Initial licenserequirements for viatical settlement broker applicants (5) An individual viatical settlement broker license whose license has expired, andwho applies for and is issued a new viatical settlement broker license withinone year of the prior license expiration, shall be assigned the same "Viatical Settlement Continuing Education" (VSE) compliance period that the individual was assigned for the individual's previous viatical settlement broker license. (c) The viatical settlement broker applicant must pay theVSE extension fee, if any VSE credits were taken beyond the previous VSEcompliance period deadline date. The VSE extension fee is in addition to anyapplication fees;	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-9-02	E(5)(d)	Shall	(E)Initial licenserequirements for viatical settlement broker applicants (5)An individual viatical settlement broker license whose license has expired, andwho applies for and is issued a new viatical settlement broker license withinone year of the prior license expiration, shall be assigned the same "ViaticalSettlement Continuing Education" (VSE) compliance period that the individualwas assigned for the individual's previous viatical settlement brokerlicense. (d)The effective date of the new viatical settlementbroker license for applicants whose previous viatical settlement licenseexpired within one year of the date of the new application for a license shallbe the date that the department processes and approves the license application.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	F(2)	Shall	(F)Renewalrequirements for all licensed viatical settlement brokers (2) To apply to renew a license to operate as a viatical settlement broker in this state, the applicant shall submit a viatical settlement broker renewal application on a form prescribed by the superintendent, completed in its entirety, all required attachments, and the applicable renewal fee.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	F(3)	Shall	(F)Renewalrequirements for all licensed viatical settlement brokers (3) If the superintendent determines that an application is incomplete and will not beconsidered for licensure, the applicant shall be notified.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	F(4)	Shall Not	(F)Renewalrequirements for all licensed viatical settlement brokers (4) The superintendent shall not renew the license of an individual licensed as a viatical settlement broker if the licensee has not completed the required continuing education within the licensee's assigned biennial compliance period or approved extension period, except in the case of an extension granted pursuant to paragraph (H)(1) in rule 3901-9-03 of the Administrative Code for medical disability or special circumstance.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	F(5)	Shall Not	(F)Renewalrequirements for all licensed viatical settlement brokers (5)The superintendent shall not renew the license of a viatical settlement business entity broker unless the licensee has one actively licensed individual viatical settlement broker designated as the individual who is responsible for the licensee's compliance with the laws of this state.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(G)(1)	Shall	(G)Use of assumed name by viatical settlement brokers,registered life insurance agents and licensed life insurance agents acting as aviatical settlement broker under the exception set forth in division (C)(2) ofsection 3916.02of the Revised Code (1) A viatical settlement broker, registered life insuranceagent, or licensed insurance agents acting as a viatical settlement brokerunder the exception set forth in division (C)(2) of section 3916.02of the Revised Code shall use only the name that appears on the broker's or agent's license, except:	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-9-02	(G)(1)(a)	Shall	(G)Use of assumed name by viatical settlement brokers,registered life insurance agents and licensed life insurance agents acting as aviatical settlement broker under the exception set forth in division (C)(2) ofsection 3916.02of the Revised Code (1) A viatical settlement broker, registered life insuranceagent, or licensed insurance agents acting as a viatical settlement brokerunder the exception set forth in division (C)(2) of section 3916.02of the Revised Code shall use only the name that appears on the broker's or agent's license, except: (a)A viatical settlement broker, registered lifeinsurance agent, or licensed insurance agent acting as a viatical settlementbroker under the exception set forth in division (C)(2) of section 3916.02of the Revised Code that intends to do business in this state under any nameother than the name that appears on the broker's or agent's license shallnotify the superintendent in writing prior to using the assumed name in this state.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.		
3901-9-02	(G)(1)(b)	Shall	(G)Use of assumed name by viatical settlement brokers,registered life insurance agents and licensed life insurance agents acting as aviatical settlement broker under the exception set forth in division (C)(2) ofsection 3916.02of the Revised Code (1) A viatical settlement broker, registered life insuranceagent, or licensed insurance agents acting as a viatical settlement brokerunder the exception set forth in division (C)(2) of section 3916.02of the Revised Code shall use only the name that appears on the broker's oragent's license, except: (b)Viatical settlement brokers, registered life insuranceagents, and licensed insurance agents acting as a viatical settlement brokerunder the exception set forth in division (C)(2) of section 3916.02of the Revised Code shall include the name appearing on the broker's or agent'slicense in all advertisements, correspondence, and other documents used by thebroker or agent in this state.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(H)(1)	Shall	(H)Registration and requirements for a life insurance agent to operate as a viatical settlementbroker under the exception to the viatical settlement broker licensing setforth in division (C)(2) of section 3916.02of the Revised Code and is defined in this rule as a registered agent. (1)Any individual life insurance agent who intends to operate in this state as a viaticalsettlement broker and meets the requirements of division (C)(2) of section 3916.02of the Revised Code shall register annually with the superintendent ofinsurance as a registered life insurance agent on a form designated for thatpurpose by the superintendent.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-9-02	(H)(3)(a)-(b)	Shall	(H)Registration and requirements for a life insurance agent to operate as a viatical settlementbroker under the exception to the viatical settlement broker licensing setforth in division (C)(2) of section 3916.02of the Revised Code and is defined in this rule as a registered agent. (3)The superintendent shall cancel a licensed insurance agent's registered life insurance agent registration upon the occurrence of the following events: (a)The registered life insurance agent is granted a viatical settlement broker license in thisstate; or (b)The registered life insurance agent no longer meets the requirements of division (C)(2) of section 3916.02of the Revised Code.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(H)(5)	Other - prohibits an action	(H)Registration and requirements for a life insurance agent to operate as a viatical settlementbroker under the exception to the viatical settlement broker licensing setforth in division (C)(2) of section 3916.02of the Revised Code and is defined in this rule as a registered agent. (5)A registered life insurance agent is only permitted to provide viatical settlement broker services when such activity is incidental to the insurance agent's business activities as defined in this rule.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(H)(6)	Shall	(H)Registration and requirements for a life insurance agent to operate as a viatical settlementbroker under the exception to the viatical settlement broker licensing setforth in division (C)(2) of section 3916.02of the Revised Code and is defined in this rule as a registered agent. (6) Registered life insurance agents shall use only forms that have been previously filed by licensed viatical settlement brokers or viatical settlement providers and approved by the superintendent for use in this state.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(H)(7)	Other - requires an action	(H)Registration and requirements for a life insurance agent to operate as a viatical settlementbroker under the exception to the viatical settlement broker licensing setforth in division (C)(2) of section 3916.02of the Revised Code and is defined in this rule as a registered agent. (7)All individual life insurance agents acting as viatical settlement brokers under the exemption set forth in division (C)(2) of section 3916.02 of the Revised Code and all registered life insurance agents as defined in this rule are subject to the provisions of Chapter 3916. of the Revised Code and the rules promulgated thereunder.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(I)(1)	Shall	(I)Form filings bylicensed viatical settlement brokers (1)If a license is issued, and before the licensee can conduct business in this state, the licensee shall submit the forms required to be filed pursuant to division (A) of section 3916.05 of the Revised Code and obtain approval from the superintendent for use in this state	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(I)(2)	Shall Not	(I)Form filings bylicensed viatical settlement brokers (2) Forms shall not be accepted for filing and approvaluntil after a viatical settlement broker license has been issued.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority

3901-9-02	(I)(3)	Shall Not	(I)Form filings bylicensed viatical settlement brokers (3)Forms shall not be accepted for filing from individual life insurance agents actingas viatical settlement brokers under the exception set forth in division (C)(2)of section 3916.02 of the Revised Code or from registered life insurance agents as defined in this rule. All individual life insurance agents acting as viatical settlemen tbrokers and registered life insurance agents under this exception shall us eonly forms that have been filed by licensed viatical settlement providers and licensed viatical settlement brokers and have been approved by thesuperintendent for use in this state.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(J)(1)	Other - requires an action	(J)Fees forviatical settlement brokers (1)The filing fee for the initialapplication to be licensed as a viatical settlement broker is two hundreddollars.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(J)(2)	Other - requires an action	(J)Fees forviatical settlement brokers (2)The filing fee for an application forrenewal is one hundred dollars.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(J)(3)	Other - requires an action	(J)Fees forviatical settlement brokers (3)The fee for an extension request of VSE credit requirements within the allowable VSE extensionperiod or for completing any VSE credit requirements that were not completedprior to the end of the VSE compliance period of the expired viaticalsettlement broker license is one hundred dollars.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(J)(4)	Other - requires an action	(J)Fees forviatical settlement brokers (4)The fee for a new form filing is fifty dollars per filing.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-02	(L)	Shall Not	If any paragraph, subparagraph, term,or provision of this rule be adjudged invalid for any reason, such judgmentshall not affect, impair, or invalidate any other paragraph, subparagraph,term, or provision of this rule, but the remaining paragraphs, subparagraphs,terms, and provisions shall be and continue in full force and effect.	This rule is promulgated under the authority granted the superintendent of insurance pursuant to sections 3901.011, 3901.041, 3901.19 to 3901.26, 3916.05 and 3916.20 of the Revised Code.	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(D)(2)	Must	(D)Definitions (2)"Compliance period" means the period of time in which a viatical settlement individual broker must complete the required continuing education (CE) credits pursuant to division (G) of section 3916.03 of the Revised Code.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	E(1)	Must	(E)Complianceperiod requirements (1) A viatical settlement broker must complete VSE comprising fifteen hours of credit within a twenty-four month compliance period as set forth in this rule.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority

3901-9-03	E(2)(a)-(b)	Shall	(E)Complianceperiod requirements (2)A viaticalsettlement broker's compliance period shall be based upon the following criteria: (a)The initial compliance period for all individuals licensed as a viaticalsettlement broker on or before December 31, 2010, begins on January 1, 2011,and ends on December 31, 2012, and shall continue every twenty-four months aslong as the license is in force; (b)The initialcompliance period for all individuals licensed as a viatical settlement brokeron or after January 1, 2011, shall begin on January first immediately followingthe year of VSE licensure and end twenty-four months later on December thirty-first and shall continue every twenty-four months as long as the licenseis in force;	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	E(2)(c)-(d)(i)-(Iv)	Shall	(E)Complianceperiod requirements (2)A viaticalsettlement broker's compliance period shall be based upon the followingcriteria: (c)Every subsequent twenty-four month period shall constitute a compliance period. Each compliance period shall commence on January first immediately following the preceding compliance period and shall end on December thirty-first of the second year after the preceding compliance period; and (d)The compliance period for an individual whose viatical settlement broker license has expired, and who applies for and is issued a new viatical settlement broker license within one year of the prior license expiration, shall be assigned the same VSE compliance period that the individual would have been assigned if the individual's previous viatical settlement broker license was timely renewed. (i)In order toqualify for a new viatical settlement broker license, the individual viaticalsettlement broker applicant must complete all of the VSE credit requirementsthat were not completed prior to the expiration of the individual's previousviatical settlement broker license; and (ii)The viaticalsettlement broker applicant must pay the VSE extension fee if any VSE creditswere completed in order to reactivate the license and those credits were takenbeyond the previous VSE compliance period end date of Decemberthirty-first. (iii)The viatical settlement broker applicant must provide	3906.03, 3916.05, and 3916.20 of the Revised Code		
3901-9-03	(F)(1)	Shall	(F)VSE credit (1)Resident licensees shall complete only VSE courses that have been approved by the superintendent of this state for the credits to satisfy their VSE requirement pursuant to division (G) of section 3916.03 of the Revised Code.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority

3901-9-03	(F)(2)(a)	Must	(F)VSE credit (2)Non-resident licensees may complete a VSE courseapproved by another state or may complete a VSE course approved by thesuperintendent of this state to satisfy their VSE requirement pursuant todivision (G) of section 3916.03of the Revised Code. (a)A non-resident licensee must provide proof ofcompletion to the superintendent of this state if the VSE course was notapproved for VSE credit in this state; and	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(F)(2)(b)	Must	(F)VSE credit (2)Non-resident licensees may complete a VSE courseapproved by another state or may complete a VSE course approved by thesuperintendent of this state to satisfy their VSE requirement pursuant todivision (G) of section 3916.03of the Revised Code. (b)The non-residentlicensee must also include the appropriate CE participation fee for the numberof credits being requested; and	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(F)(2)(c)	Must	(F)VSE credit (2)Non-resident licensees may complete a VSE courseapproved by another state or may complete a VSE course approved by thesuperintendent of this state to satisfy their VSE requirement pursuant todivision (G) of section 3916.03of the Revised Code. (c)The credit mustbe reported to the superintendent of this state within thirty days of the dateof course completion by the licensee.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(F)(3)	Other - requires an action	(F)VSE credit (3)At the discretion of the superintendent, credit may be given for a VSE course that is held prior to the issuance of written approval of such course by the superintendent.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(F)(4)	Other - prohibits an action	(F) VSE credit (4)If a VSE course is taken more than once in acompliance period by the same person, credit may be given only for the firsttime the person completed the course.	3916.05, 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(F)(5)(a)-(b)	Must	(F)VSE credit (5)Partial credit, rounded down in one hour increments, may be given for classroom courses only at the provider's option. (a)The provider may, but is not required to, give refundsfor the portion of the course unattended. The provider's refund policy onpartial attendance must be disclosed to the student before or at the time ofregistration; and (b)If partial credit is given, the course participation fee must be paid to the department or its designee in the amount required as if the agent had attended the entire class.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(F)(6)	Must	(F)VSE credit (6)To qualify for VSE credit, both the course and the provider must be approved by thesuperintendent.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(F)(7)	Other - prohibits an action	(F)VSE credit (7)Credit hours awarded in one compliance period cannotbe carried over or applied in any other compliance period.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority

3901-9-03	(F)(8)		(F)VSE credit (8)Approved VSE courses taken between the date of licensure and the beginning of the initialcompliance period may be applied towards the initial VSE continuing education requirements.		No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(F)(10)(a)	Must	(F)VSE credit (10)Credit for publication and instruction. (a) An individual may receive up to seven hours VSE credit per reporting period for the publication of articles or books authored by the individual. Articles and booksmust deal with matters directly related to the business of viatical settlements as defined in Chapter 3916. of the Revised Code. An article must be published in a generally known and recognized state or national publication. The extent to which credit may be given shall be at the discretion of the superintendent.A request for credit must be made in writing and must be accompanied by proof of authorship and publication. Credit will be given only once for each approvedarticle or book.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(F)(10)(b)	Must	(F)VSE credit (10)Credit for publication and instruction. (b)VSE credit may be allowed for the authors of written materials used in approved VSE courses on a one-time per course basis. The author will be allowed the number of VSE credit hours for which the course was approved. If there are multiple authors of the written course materials, no author will receive more than the author's pro rata share as determined by the sponsor. The total number of hours received by all authors for a course cannot exceed the total number of hours for which the course is approved. A request for such credit must be made in writing and must be accompanied by proof of authorship.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(F)(10)(d)	Prohibit	(F)VSE credit (10)Credit for publication and instruction. (d)A person who authors materials for an approved course and teaches the same course in a compliance period may receive credit for authoring the written materials or instructing the course, but not for both activities in any one compliance period, subject to this rule.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(F)(10)(e)	Must	(F)VSE credit (10)Credit for publication and instruction. (e) An individual requesting credit for publication or instructing a course must include the non-refundable payment of a dollar per credit hour for each credit hour requested.	3906.03, 3916.05, and 3916.20 of the Revised Code		
3901-9-03	(G)(1)	Shall	(G)Continuingeducation transcripts (1) Following the completion of a licensee's twenty-fourmonth compliance period, the department shall make available a transcript to each licensee.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(G)(3)	Other - requires an action	(G)Continuingeducation transcripts (3) If the transcript indicates that a licensee has not completed the required number of VSE credits for that compliance period and is reported as being in non-compliance with the VSE requirement of this state, it is the individual licensee's responsibility to provide proof satisfactory to the superintendent that the licensee actually completed the required VSE credits and to provide proof of compliance with this rule.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority

3901-9-03	(G)(4)	Must	(G)Continuingeducation transcripts (4) If the licensee requests an extension, the licensee must provide all documentation required bythe department with the request.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(H)(3)(a)-(g)	Must	(H)VSEextensions (3)It is thelicensee's responsibility to request a VSE extension. The following conditionsand documentation are required if requesting a VSE extension: (a)The request fora VSE extension must be submitted in writing and must be received by thesuperintendent prior to and not later than the time of submission of therenewal application or initial application for an individual whose viaticalsettlement broker license has expired and is applying for a new viaticalsettlement broker license within one year of the prior licenseexpiration; (b)The written request must include a statement settingforth the reason the VSE extension is being requested; (c)The request mustinclude documentation that reflects the completion of the required number ofapproved VSE credits during the extension period. The documentation may consistof course completion certificates and/or course rosters; (d)The request mustinclude the non-refundable VSE extension fee. The VSE extension fee is inaddition to any renewal or application fees; (e)The request mustinclude any other documentation required by the superintendent; (f)It isthe licensee's responsibility to determine whether the	3906.03, 3916.05, and 3916.20 of the Revised Code		
3901-9-03	(H)(4)	Must	(H)VSEextensions (4) When an extension is granted, it applies only to that compliance period. If the disability or special circumstances continue to existup to the beginning of a subsequent compliance period, another extension mus tbe requested. Permanent conditions are not eligible for an indefiniteextension.	3906.03, 3916.05, and 3916.20 of the Revised Code		

3901-9-03	(I)(1)(a)	Shall	(I)"VSE Provider Application" (1)An initial VSEprovider application shall be made on a form prescribed by the superintendentand shall include the following: (a)Information regarding the applicant's designatedauthorized provider official; (i)An authorized provider official is the individualresponsible for obtaining continuing education provider approval, courseapprovals, verifying the qualifications of instructors, providing courseschedules, monitoring classroom attendance, administering examinations (whereapplicable), and submitting course completion rosters and fees to thedepartment or its designee, and providing any other documents required by thedepartment; and (ii)An authorized provider official may cause a facsimilesignature stamp to be created and used for the purpose of providing signatureson provider rosters and completion certificates. An original signature and anexample of the facsimile stamp must be provided to the department where it willbe maintained on file. A facsimile stamp will only be accepted by thedepartment when it is in an ink color other than black. (b)Application fee; and	3906.03, 3916.05, and 3916.20 of the Revised Code		
3901-9-03	(I)(2)	Must	(I) "VSE Provider Application" (2) If the applicant submits an application that is incomplete or if the application lacks information deemed necessary by the department, the department will return the application with a letter indicating areas which must be addressed in order for the department to continue the approval process. If the department does notreceive a reply by the requested response date, the filing may be considered terminated. All fees are non-refundable and non-transferable.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(I)(3)		(I) "VSE Provider Application" (3)The providerwill be notified in writing of an approval as a VSE provider at the time theprovider's first course is approved and will be assigned a provider number. Aprovider is approved from the date of approval until December thirty-first ofthe same year in which the provider was approved.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(I)(4)	Must	(I) "VSE Provider Application" (4)The provider must be renewed on an annual basis in order for the provider to continueoffering VSE courses. The following information must be submitted to thesuperintendent by November thirty of each year in order for the superintendent to consider renewing a provider: (a)A renewal application shall be made on a formprescribed by the superintendent; (b)Applicablerenewal fee paid; and (c)Any other documents required by thesuperintendent.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority

3901-9-03	(J)(1)(a)	Shall	(J) "VSE Course Application" (1)All requests for approval of a VSE course shall be submitted in the manner prescribed by the superintendent and shall include thefollowing items: (a)A description of: (i)The number ofrequested credit hours and length of the course. For purposes of this rule acredit hour must provide for no less than fifty minutes of instruction. Breaks,introductions, lunches, announcements, or other non-instruction time is to beexcluded in calculating the credit hours requested. Each course shall be aminimum of one credit hour and shall be in increments of whole or one-halfcredit hours; (ii)The purpose or objective of the course and how thematerial offered will increase the knowledge of Chapter 3916. of the RevisedCode and the rules promulgated thereunder and related subjects for theparticipants; and (iii)The course tuition and the provider's refundpolicy.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(J)(1)(b)	Shall	(J) "VSE Course Application" (1) All requests for approval of a VSE course shall be submitted in the manner prescribed by the superintendent and shall include the following items: (b)A detailed content outline that contains a descriptionof each topic to be covered by the VSE course. This outline must specify thetime components spent on each topic and sufficient details to justify therequest for each credit hour. The outline shall contain: (i)The proposedtime components; (ii)The specific material to be covered in each timecomponent; (iii)The method of presentation employed for eachcomponent; and (iv)The justification for the time allotted to eachcomponent to teach or instruct that component.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	

3901-9-03	(J)(1)c	Shall	(J) "VSE Course Application" (1) All requests for approval of a VSE course shall be submitted in the manner prescribed by the superintendent and shall include the following items: (c)A description of materials to be employed by the instructor in teaching the VSE course,including a copy of the promotional brochures currently in use or proposed tobe used for the VSE course once approved by the department. All promotionalmaterial must include: (i)The level of the VSE course (e.g. introductory,intermediate, or advanced); and (ii)Informationabout the experience and qualifications of each instructor. In lieu ofincluding this information in the materials, a provider may make it availableupon request to any person.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(J)(1)(d)(i)-(iii)	Shall	(J) "VSE Course Application" (1) All requests for approval of a VSE course shall be submitted in the manner prescribed by the superintendent and shall include the following items: (d)A description ofhow the course is to be administered including: (i)The criteria used by the provider in selecting instructors; (ii)The method of verification of attendance or completion of the VSE course; and (iii)Other formats as approved by the superintendent.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(K)(1)	Must	(K)Review of VSE course application (1)In order for a course to be approved by the Ohiodepartment of insurance as an acceptable viatical settlement broker education course, at a minimum, the course must: (a)Be offered by anapproved provider; (b)Use the most recent versions of laws and rules; (c)Have significant intellectual or practical content that enhances and improves thelicensee's knowledge or professional competence. A course should be anorganized program of learning dealing with matters directly related to Chapter3916. of the Revised Code and the rules promulgated thereunder, includingprofessional competence, and fiduciary duties and ethical obligations. The VSEcourses may be comprised of the following topics: (i)Ethics in theviatical or life settlement market, which shall include topics directly relatedto maintaining ethical business practices for viatical settlement brokers andtheir role in viatical or life settlements, the prohibition of acceptingpayments from anyone other than viator/policyowner, the viatical settlementbroker's fiduciary duty to viator/policyowners, including study of sections 3916.031and 3916.04of the Revised Code and the rules promulgated thereunder;	3906.03, 3916.05, and 3916.20 of the Revised Code		

	(K)(2)	Other - requires an action	(K) Review of VSE course application (2) If the VSE provider submits a course application which is incomplete or if the application lacks information deemed necessary, the department may return the application with a letter indicating the areas which must be addressed in order for the department to continue the approval process. The course filing fee is non-refundable and non-transferable. If the department does not receive an acceptable response from the applicant including the required information by the requested date, the filing may be terminated.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(K)(3)	Must	(K) Review of VSE course application (3)Providers will be notified in writing of the approval of each course and of the course number assigned to it by the superintendent. A course is approved from the date of approval until December thirty-first of the same year in which the course isapproved. The course must be renewed on an annual basis in order for the provider to continue offering the course. An application for renewal and renewal fee shall be submitted to the department by November thirty each year. A course may only be renewed if there are no changes to the content of thecourse.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(K)(4)	Shall	(K) Review of VSE course application (4) Based upon a review of the application thesuperintendent may approve a course for fewer credits than requested, and aprovider shall only offer and award the number of credit hours asapproved.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(K)(5)	Other - requires an action	(K) Review of VSE course application (5) The instructional method of a VSE course may be presented either by a classroom-instructed course or a self-study course.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(K)(6)	Other - requires an action	(K) Review of VSE course application (6) A self-study course is defined for purposes of this section as any VSE course which is completed by self study and which does not require a licensee to attend organized classes. A self-study course may be: (a) An interactive on-line course which has at the end of each chapter or section a series of questions designed to test the student's subject matter knowledge of that chapter or section. The student shall not advance to the next chapter or section until the student has successfully answered all the questions for the previous chapter or section. The student may review the material in order to answer a question. An interactive on-line self-study course is not required to have a final examination. Interactive on-line courses must be designed so that the actual amount of time a student spends completing the VSE course equals, at minimum, the amount of credit hours approved for the course. (b) A non-interactive on-line course which has a scored on-line final examination, or (c) A non-interactive, on-line or paper-based course which has a mail-in final examination. (d) Any type of self study program with a proctored final examination. (e) Other types of self study courses as the superintendent may approve.	3906.03, 3916.05, and 3916.20 of the Revised Code		

3901-9-03	(K)(7)	Shall	(K) Review of VSE course application (7)In addition to providing all other information required pursuant to this rule, a provider shall include: (a)For an on-line interactive course, the number of questions that appear at the end of each chapter or section, a sample of the questions, references from the questions back to the text, if requested by the department, and a copy of the answer key for the sample questions; or (b)For a course that requires a final examination, the number of examination questions that will appear on the student's examination, references from the examination back to the text, if requested by the department, and a copy of the examination answer key with the application. The answer key shall indicate the total amount of credit possible for answering each question correctly. If essay questions are employed in the examination there must be an explanation as to how essay questions will be graded.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(K)(8)	Other - requires an action	(K) Review of VSE course application (8)The followingare minimum requirements for on-line interactive chapter/section questions orfinal examinations: (a)Multiple choice items must have a minimum of fouroptions; (b)Multiple choice items must have only one correctresponse; (c)Multiple choice answers must be grammaticallyconsistent and parallel in form to eliminate obviously wrong answers; (d)Nocorrect answer to one question shall provide a clue to the correct answer toany other questions in the chapter/section or examination; (e)Questions shallbe clearly written; (f)Answers to the questions may not be in a pattern; and (g)Questions shall adequately cover the course material setout in the course outline.	3906.03, 3916.05, and 3916.20 of the Revised Code		
3901-9-03	(K)((9)	Must	(K) Review of VSE course application (9)In order to obtain credit for a self-study course the licensee must either: (a)Complete aninteractive on-line course having answered one hundred per cent of eachchapter's/section's questions correctly; or (b)Receive a gradeof seventy per cent or greater on the final examination.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(K)(10)	Shall	(K) Review of VSE course application (10) A final examination shall be administered only upon completion of the self-studycourse.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority

3901-9-03	(K)(11)	Shall	(K) Review of VSE course application (11) Each student shall certify that he or she completed the course and, if applicable, the examination without assistance. If the examination is monitored, the provider or proctor must confirm the identity of students by a government-issued identification with photograph.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(K)(12)	Shall	(K) Review of VSE course application (12) Details on how the examination materials are to be secured and returned to the provider shall be included in the instructions.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(K)(13)	Shall	(K) Review of VSE course application (13) The department shall review each application within thirty days of the date of receipt of a complete application and appropriate fees.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(K)(14)	Shall	(K) Review of VSE course application (14) The effective date of a course approval shall be within the superintendent's discretion.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(L)(1)	Other - requires an action	L)VSE course instructor qualification (1)The authorized provider official is responsible for verifying that instructors meet the required minimum qualifications. Instructors must meet one of the following qualification categories: (a)Qualification one: the instructor or speaker holds apost graduate degree in insurance or law from an accredited university and a minimum of seven years experience working with viatical settlements as afederal or state regulator or federal or state law enforcement officer. (b)Qualification two: the instructor or speaker has a minimum of seven years ofcontinuous experience working with viatical settlements, and holds one or moreof the following designations in good standing: (i)"CertifiedFinancial Planner" (CFP); (ii)"CertifiedPublic Accountant" (CPA); (iii)"CharteredLife Underwriter" (CLU); (iv)"CharteredFinancial Consultant" (ChFC); (v)"Fellow LifeManagement Institute" (FLMI); (vi)"LifeUnderwriting Training Council Fellow" (LUTCF).	3906.03, 3916.05, and 3916.20 of the Revised Code		
3901-9-03	(L)(2)	Shall	(L) VSE course instructor qualification (2) A provider shall verify each instructor's relevant qualifications and shall be prepared toprovide evidence of such qualifications to the department upon request.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(L)(3)	Must	(L) VSE course instructor qualification (3) Instructors must be knowledgeable in the subject that they teach in a VSEcourse	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(L)(4)	Must	(L) VSE course instructor qualification (4) Instructors must be of good character and reputation.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(M)(1)	Must	(M) VSE provider required practices (1) A course must be offered and presented as approved. The failure to do so may result in a denial of VSE credit for the course.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority

3901-9-03	(M)(2)	Must	(M) VSE provider required practices (2) A provider must inform the department, in writing, of any change in a course's location, dateor time no later than fifteen calendar days prior to the course. Written noticeof any other changes to a provider or course application must be given to the department no later than fifteen calendar days subsequent to the effective dateof the change.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(M)(3)	May Not	(M) VSE provider required practices (3) Providers may not change a course's content or outline without prior written approval of the department. Failure to obtain such written approval in advance of the course may result in a denial of VSE creditfor the course.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(M)(4)	Must	(M) VSE provider required practices (4) An approved course must be in session on the date(s)scheduled, during the specified hours and at the designated location unlesscancelled and proper notification of any change is given to the department inaccordance with this rule.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(M)(5)	Require	(M) VSE provider required practices (5) If an approved course is cancelled, or if a licensee cancels in advance of the date of thecourse, the provider must refund all fees in full within forty-five days of thecancellation unless a different refund policy is conspicuously printed on theprovider's materials.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(M)(6)	Must	(M) VSE provider required practices (6) If a course is postponed to a later date or moved to adifferent location, the provider must offer each licensee who is scheduled toattend the option of a full refund in lieu of attending the class.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(M)(7)	Other - requires an action	(M) VSE provider required practices (7) A provider will comply with all federal and state laws, including without limitation, equal employment opportunity and disability protection laws.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(M)(8)	Must	(M) VSE provider required practices (8) Facilities must be large enough to comfortably accommodate all attendees and instructors and must be conducive to the education process.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(M)(9) (a)-(c)	Shall	(M) VSE provider required practices (9) Each provider shall maintain accurate attendance records for each course. (a)Providers must obtain signatures of licensees at time of arrival and departure from acourse; (b)Attendance verification forms shall be printed withthe name of provider, the name of the instructors, the course title, the numberof credit hours, and the dates of instruction; (c)Providers musthave each licensee who completes a self-study course certify that the coursewas completed by the licensee and that the examination, if applicable, wastaken without assistance. If the examination is monitored, the provider orproctor must confirm the identity of students by a government-issuedidentification with photograph.	3906.03, 3916.05, and 3916.20 of the Revised Code		

3901-9-03	(M)(10)	Shall	(M) VSE provider required practices (10) Within fifteen calendar days after completion of a course, the provider shall file anattendance roster or other documentation acceptable to the superintendent,which identifies each licensee who completed the course. The roster must include the name, address, and national producer number (NPN) of each licensee. If partial credit is being given, the provider must note on the attendance roster the actual number of credits to be given to that licensee. The participation fee amount must be equal to the number of credits approved forthe course.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(M)(11)	Shall	(M) VSE provider required practices (11) Any instructor for whom VSE credit is sought shall also be identified on the attendance roster with a notation of the total numberof credits that are to be given for the instruction. Providers must include aparticipation fee equal to the number of credits given to the instructor.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(M)(12)	Other - requires an action	(M) VSE provider required practices (12) The provider's failure to timely file an attendance roster, or other acceptable documentation, may result in a denial of VSE credit for those licensees who attended the course.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(M)(13)	Shall	(M) VSE provider required practices (13) The provider shall maintain the attendance verification forms and course rosters for a minimum of four years and be able to produce them at the superintendent's request.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(M)(14)	Shall	(M) VSE provider required practices (14) A provider shall provide a certificate of completion to each licensee within seven calendar days of the conclusion of a course. The certificate of completion shall contain the name and national producer number of the licensee, the name and identification number of the course, the date(s) the course was held, the number of credit hours completed by the licensee and the name and identification number of the provider. The instructor and a representative ofthe provider shall sign each certificate.	3906.03, 3916.05, and 3916.20 of the Revised Code		
3901-9-03	(N)(1)(a)-(d)	Must	(N)VSE courseadvertising (1)All VSE advertising or promotion of any kind must contain all of the following: (a)The complete name of the provider as it appears on theapplication for provider approval; (b)The completetitle of the course as it appears on the application for course approval; (c)Thenumber of Ohio VSE credit hours for which the course is approved; and (d)Level of course instruction (e.g., introductory, intermediate, or advanced).	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority

3901-9-03	(N)(2)	May Not	(N)VSE courseadvertising (2) A provider may not represent that a course has been approved for VSE credit in Ohio until the superintendent issues written approval of the course. A provider may represent that an application for VSE approval is pending, but if a provider does so and approval is not granted, the provider must make a full refund of all fees. If a provider represents thatapproval is pending, the provider must also state, in substance, that thesuperintendent could approve the course for fewer hours than requested.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(N)(3)	Shall Not	(N)VSE courseadvertising (3) A provider shall not offer any guarantee or represent that there is any guarantee that a licensee will pass a required examination.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(N)(4)	Other - requires an action	(N)VSE courseadvertising (4) If several approved courses are offered together, all advertising and promotional materials must separately identify each approved course and the respective number of VSE credit hours for which each course is approved.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(N)(5)	Shall Not	(N)VSE courseadvertising (5) In advertising or promoting itself or any of its courses, a provider shall not make any representation or statement, or cause or permit another to make any representation or statement which is false, deceptive or misleading. .	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(N)(6)	Other - requires an action	(N)VSE courseadvertising (6) A provider's refund policy must be clearly and conspicuously disclosed in all advertising and on all printed promotional materials.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(O)(1)	May Not	(O) Audit and records retention (1) All forms required by this rule may be obtained from the Ohio department of insurance and are located on the department's website. The forms may be duplicated for use by VSE providers, but may not be used for resale purposes.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(O)(2)	Shall	(O) Audit and records retention (2) Each provider shall retain all records that pertain to its Ohio VSE activities for a minimum of four years.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(O)(3)	Must	(O) Audit and records retention (3) A provider must be able to verify who attended and completed each course for a minimum of four years following the completion of such course.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(O)(4)	Other - requires an action	(O) Audit and records retention (4) The superintendent may audit a provider's records and courses at any time without prior notice. The instructors at an approved course may be required to provide proof of identity to the superintendent's representative during an audit of a course.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(1)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (1) Making any false, misleading or deceptive statement or representation about the status of a course approval, the number of hours for which a course is approved or any other statement about a course or provider. The penalty for a single violation is five hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(2)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (2) Failing to maintain all necessary records for the required time periods. The penalty for a single violation is one hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority

3901-9-03	(P)(3)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (3) The use, submission or filing of any document for the purpose of complying with the viatical settlement broker education statutes and rules, or in responding to any inquiry from the department concerning VSE education, when the provider knows or should have known that the document, or any part of it, is false or deceptive. The penalty for a single violation is one thousand dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(4)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (4) Failure to use the approved course outline. The penalty for single violation is two hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(5)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (5) Failure to notify the department of allowable changes to any course, previously approved, within the fifteen day period of such changes. The penalty for a single violation is one hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(6)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (6) Failure to conduct the approved course for the full time, as specified in the course application. The penalty for a single violation is five hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(7)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (7) Failure to monitor course attendance. The penalty for a single violation is five hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(8)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (8) Failure to comply with applicable federal or state laws, including without limitation, equal employment opportunity or disability protection laws. The penalty for a single violation is five hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(9)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (9) Failure to provide timely refunds to participants when required. The penalty for a single violation is one hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(10)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (10) Failure to timely file any form or other required information. The penalty for a single violation is one hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(11)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (11) Failure to file any form or other required information. The penalty for a single violation is five hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(12)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (12) Failure to appropriately monitor an examination. The penalty for a single violation is one hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(13)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (13) Obtaining the attendance or enrollment of licensees or students by actual or implied coercion. The penalty for a single violation is five hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority

3901-9-03	(P)(14)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (14) Failure of a provider to timely provide a certificate of completion to an attendee or the failure of a provider to provide an attendee with an accurate certificate of completion. The penalty for a single violation is five hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(15)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (15) Failure to accurately report the actual number of course hours attended for each individual. The penalty for a single violation is five hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(16)	Other - requires an action	(P) Violations of viatical settlement broker education requirements (16) Knew or should have known by reasonable inquiry, that a person attending a classroom course or taking a self-study course is not the person who signed up to take the course. The penalty for a single violation is five hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(17)	Shall	(P) Violations of viatical settlement broker education requirements (17) Failure by any course attendee to comply with verbal or written instructions from a VSE course provider addressing the attendee's unacceptable or disruptive behavior while attending the course shall be sufficient grounds for the VSE course provider to dismiss the attendee from the course and refuse to submit credit for all or any part of the course from which the attendee was dismissed.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(18)	Shall	(P) Violations of viatical settlement broker education requirements (18) Obtaining, accepting or using any certificate of completion or certificate of attendance from a provider when the licensee has not attended the course or the number of hours identified on the certificate shall be sufficient grounds for the superintendent to suspend, revoke, or refuse to issue any licenses as a viatical settlement broker.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(19)	Shall	(P) Violations of viatical settlement broker education requirements (19) Cheating or using unauthorized materials or receiving unauthorized assistance during an examination, including the use of cellular phones or other handheld communication device at any time while an examination is in progress, shall be sufficient grounds for the superintendent to suspend, revoke, or refuse to issue any licenses as a viatical settlement broker.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(P)(20)	Shall	(P) Violations of viatical settlement broker education requirements (20) Permitting a course instructor or licensed agent to take an examination for a line of authority that is equivalent to any line of authority already held by the course instructor or agent. The penalty for a single violation is five hundred dollars. A finding that a course instructor or agent has taken an examination under these circumstances shall be sufficient grounds for the superintendent to suspend, revoke, or refuse to issue any licenses as a viatical settlement broker or insurance agent to the course provider or agent.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority

3901-9-03	(Q)(3)	Shall	(Q) Application of penalties (3) A violation of this rule involving falsifying records shall be grounds for immediate termination of any authority to provide or instruct a viatical settlement program or course, or if the viatical settlement broker falsified or knew or should have known, or aided or abetted the falsification, no coursework will be credited to the viatical settlement broker and the superintendent shall take immediate action to terminate the viatical settlement broker's license pursuant to Chapter 119. of the Revised Code.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(Q)(4)	Shall	(Q) Application of penalties (4) The making of any misrepresentation, or any untrue, misleading or deceptive statement or assertion in support of or in connection with a request for an extension is an unfair and deceptive act or practice under sections 3901.19 to 3901.26 of the Revised Code and a fraudulent viatical settlement act in the business of viatical settlements and the superintendent shall take immediate action to terminate the viatical settlement broker's license pursuant to Chapter 119. ofthe Revised Code.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	R(1)-(2)	Shall	(R) VSE provider andcourse - schedule of fees (1)Every VSE applicant or provider shall pay thenon-refundable fees established in this rule. (2)Fees are due at the time of submission of the initial and renewal applications.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	R(3)	Shall	(R) VSE provider and course - schedule of fees (3) Per-course fees, where applicable, shall be submitted with the request forcourse approval. Every potential continuing education provider shall submit atleast one program for approval with the application to be an authorizedcontinuing education provider.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(R)(4)(a)-(c)	Other - requires an action	(R) VSE provider and course - schedule of fees (4)The VSEapplicant shall select one of the fees listed below. The fees are the same forinitial and renewal applications. If the status of the provider changes duringthe year and a different fee is due, the new fee will be in addition to theprevious payments with no credit for the prior or future payments. (a)Flat fee VSEprovider. The fee is one thousand dollars per year, which covers theapplication fee and the course approval fees for all courses approved duringthe year. (b)Individual fee VSE provider. The fee is one hundreddollars for approval of the provider application, plus forty dollars for eachcourse approval. (c)Limited fee VSE provider. The fee is twenty-fivedollars for approval of the provider application, plus twenty-five dollars foreach course approved. A provider electing this status is limited to offering nomore than three courses of no more than three hours each, during theyear.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	R(5)	Other - requires an action	(R) VSE provider and course - schedule of fees (5) Filing of VSE course roster or proof ofVSE education credit is one dollar per person/per course approved credit hour.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority

3901-9-03	(S)(1)	Other - requires an action	(S) Miscellaneous fees (1) Request for extension of VSE credit requirements within allowable VSE extension period is one hundred dollars.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(S)(2)	Other - requires an action	(S) Miscellaneous fees (2) A processing charge of thirty dollars will be charged for any fee payment submitted to the superintendent by check, money order orother instrument, and which is subsequently returned to the superintendent for insufficient funds, closed account or for any other reason.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(S)(3)	Other - requires an action	(S) Miscellaneous fees (3) The superintendent may require a certified check from any licensee or provider whose check has been dishonored.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(T)	Shall	(T) Deposit of fees Any fee collected pursuant to this rule shall be paid into the state treasury to the credit of the department ofinsurance's operating fund pursuant to section 3901.021of the Revised Code.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-03	(U)	Shall Not	(U) Severability If any paragraph, subparagraph, term orprovision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair, or invalidate any other paragraph, subparagraph, term or provision of this rule, but the remaining paragraphs, subparagraphs, terms andprovisions shall be and continue in full force and effect.	3906.03, 3916.05, and 3916.20 of the Revised Code	No, general rulemaking authority	No, general rulemaking authority
3901-9-04	(A)	Must	(A)Purpose The purpose of this rule is to provide guidance to life insurance companies regarding the types of questions that must be included on life insurance applications pursuant to division (B) of section 3916.05 of the Revised Code to identify and prevent stranger-originated life insurance (STOLI).	3901.04, 3901.041, 3916.05 and 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-04	(E)	Shall	Each application for a policy of life insurance issued in this state shall include questions reasonably structured to identify and prevent policies from being purchased for the purpose of entering into a STOLI transaction as defined by division (W) of section 3916.01of the Revised Code.	3901.04, 3901.041, 3916.05, 3916.20	Yes, state law	Yes, state law
3901-9-04	(G)(1)	Must	Unless excepted by paragraph (D)(1) of this rule, all applications for life insurance issued, delivered or used in this state must include questions related to STOLI.	3901.04, 3901.041, 3916.05, 3916.20	Yes, state law	Yes, state law
3901-9-04	(G)(2)	Shall	Insurers shall file the amended application forms with the superintendent as required by division (B) of section 3916.05 of the Revised Code within twelve months following the effective date of this rule.	3901.04, 3901.041, 3916.05, 3916.20	Yes, state law	Yes, state law
3901-9-04	(H)	Shall	Violations of this rule shall be an unfair and deceptive trade practice under sections 3901.19 to 3901.26 of the Revised Code.	3901.04, 3901.041, 3916.05, 3916.20	No, general rulemaking authority	No, general rulemaking authority
3901-9-04	(I)	Shall Not	If any paragraph, subparagraph, term,or provision of this rule be adjudged invalid for any reason, such judgmentshall not affect, impair, or invalidate any other paragraph, subparagraph,term, or provision of this rule, but the remaining paragraphs, subparagraphs,terms, and provisions shall be and continue in full force and effect.	3901.04, 3901.041, 3916.05, 3916.20	No, general rulemaking authority	No, general rulemaking authority

3901-11-01	(C)	Shall	The superintendent of insurance shall post on the department of insurance website the forms to be used in applying for a license as an Ohio domiciled captive insurance company.	3901.041, 3964.21	No, general rulemaking authority	No, general rulemaking authority
3901-11-01	(D)	Shall	In addition to the informationrequired to be filed pursuant to division (D) of section 3964.03 of the Revised Code, an applicant for a license as a captive insurance company shall complete form INS7020 made available on the department website, and provide: (1) A one or two page executive summary of the captive insurance company's plan of operation; (2) A plan ofoperation; (3) An investment policy adopted by the board of directors; (4) A detailed description of the coverages, deductibles, coverage limits, proposed rates or rating plans, documentation from a qualified actuary that demonstrates the actuarial soundness of the proposed rates or rating plans, for each insurance company that offers direct insurance to its parent; (5) The place and date of the Ohio meeting of its board of directors; (6) The Ohio address of the captive insurance company's place of business; (7) The Ohio residential address of the captive manager of the captive insurance company; (8) The name and Ohio address of the captive insurance company's agent for service of process; (9) Biographical affidavits for all captive insurance company's officers, directors and captive managers on forms provided by the superintendent of insurance, and third party verification of biographical affidavits by an approved firm; and (10) Any other information requested by the superintendent	3901.041, 3964.21	No, general rulemaking authority	No, general rulemaking authority
3901-11-01	(E)	Shall	Any change to the information required to be filed pursuant to division (D) of section 3964.03 of the Revised Code or this rule shall be filed with the superintendent of insurance within thirty days after the change for information purposes only.	3901.041, 3964.21	No, general rulemaking authority	No, general rulemaking authority
3901-11-01	(E)	Other - requires an action	A captive insurance company seeking to change the information required to be filed pursuant to division (G)(1) of section 3964.03 of the Revised Code must comply with the provisions of division (G)(2)(a) of section 3964.03 of the Revised Code and the captive insurance company shall submit such information for the department's prior approval. Pursuant to division (G)(2)(b) of section 3964.03 of the Revised Code, each filing under division (G)(2)(a) of section 3964.03 of the Revised Code is deemed approved thirty days after the filing is received by the superintendent of insurance, unless the filing is disapproved by the superintendent of insurance during that thirty day period.	3901.041, 3964.21	Yes, state law	Yes, state law
3901-11-01	(F)	Shall	At the time of paying the annual fee required under section 3964.13 of the Revised Code, a protected cell captive shall pay an additional fee of fifty dollars for each protected cell.	3901.041, 3964.21	No, general rulemaking authority	No, general rulemaking authority

3901-11-01	(G)	Shall Not	If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041, 3964.21	No, general rulemaking authority	No, general rulemaking authority
3901-11-02	3901-11-02 (C) (1)	Shall	C) Basis of determination (1) In determining whether to require a captive insurance company to increase its capital and surplus, the superintendent of insurance shall take into consideration the following: (a) The type of risks insured by the captive insurance company; (b) The volume of coverage being written by the captive insurance company; and (c) The general business environment and economic conditions.	Statutory Authority: 3901.041, 3964.21, Rule Amplifies: 3964.05	No, general rulemaking authority	No, general rulemaking authority
	3901-11-02 (C)(2)	Other - requires an action	(2) In making a determination to require a captive insurance company to increase its capital and surplus, the superintendent of insurance may rely on: (a) Reports and analysis prepared by or for the national association of insurance commissioners; (b) Economic forecasts prepared by the federal reserve banks, the United States department of treasury, and other federal and state governmental or quasi-governmental entities; (c) Economic and business reports prepared by private bank economists and private insurance industry rating agencies; (d) The expert opinion of professionals, such as actuaries, certified public accountants, and economists, engaged by the superintendent of insurance to analyze the financial condition of a captive insurance company; and (e) Any other information that the superintendent of insurance finds relevant.	Statutory Authority: 3901.041, 3964.21, Rule Amplifies: 3964.05	No, general rulemaking authority	No, general rulemaking authority
3901-11-02	3901-11-02 (D)	Shall	The superintendent of insurance shall provide written notice of any determination to require an increase of the capital and surplus of a captive insurance company, which shall include: (1) The reason for the required increase of the capital and surplus; (2) The amount of the increase of the capital and surplus; and (3) The date by which the captive insurance company shall achieve the additional required capital and surplus.	Statutory Authority: 3901.041, 3964.21, Rule Amplifies: 3964.05	No, general rulemaking authority	No, general rulemaking authority
3901-11-02	3901-11-02 (E)	Shall Not	(E) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-11-03	3901-11-03 (D) (1)	Shall	(D) Appointment (1) No later than ninety days after receiving a certificate of authority to do the business of a captive insurance company in the state of Ohio, a captive insurance company shall report to the superintendent of insurance, in writing, the name and address of the independent certified public accountant retained to conduct the annual audit required by section 3964.07 of the Revised Code.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law

3901-11-03	3901-11-03 (D) (2) (a)	Shall	(2) If a captive insurance company terminated the appointment of an independent certified public accountant retained to conduct the annual audit required by section 3964.07 of the Revised Code, the captive insurance company shall: (a) Within ten days of the termination notify the superintendent of insurance, in writing, of the fact of the termination, and a detailed account as to the reasons for the termination; and	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (D) (2) (b)	Other - requires an action	(b) Within thirty days of the termination, report to the superintendent of insurance, in writing, the name and address of the new independent certified public account retained by the company.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (E) (1)	Shall	(E) Annual audit certification (1) All captive insurance companies shall have an annual audit by an independent certified public accountant, and shall file such audited financial reports with the superintendent of insurance on or before June first for the immediately preceding year ending December thirty-first. The annual audit report must include:	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (E) (1) (a)	Other - requires an action	(a) A report of an independent certified public accountant;	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (E) (1) (b)	Shall	(b) Financial statements filed pursuant to this rule shall be prepared in accordance with generally accepted accounting principles, unless the superintendent of insurance has required, approved, or accepted in writing the use of statutory accounting principles or any other comprehensive basis of accounting;	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (E) (1) (c)	Shall	(c) The financial statements shall be audited by an independent certified public accountant in accordance with generally accepted auditing standards as determined by the American institute of certified public accountants;	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	No, general rulemaking authority
3901-11-03	3901-11-03 (E) (1) (d)	Shall	(d) The report of the independent certified public accountant shall cover all years presented; and	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (E) (1) (e)	Shall	(e) The report shall be addressed to the captive insurance company on stationary of the accountant showing the address of issuance, and shall be signed and dated.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law

3901-11-03	3901-11-03 (E) (2)	Shall	(2) Captive insurance companies shall also file a report by the independent certified public accountant of the evaluation of internal controls.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (E) (2) (a)	Shall	(a) The report shall include an evaluation of the internal controls of the captive insurance company relating to the methods and procedures used in the securing of assets and the reliability of the financial records, including but not limited to such controls as the system of authorization and approval and the segregation of duties.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (E) (2) (b)	Shall	(b) The review shall be conducted in accordance with generally accepted auditing standards and the report filed with the superintendent of insurance.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (E) (3) (a - e)	Shall	(3) The accountant shall furnish the captive insurance company, for inclusion in the filing of the annual audit report, a letter stating: (a) That the accountant is independent with respect to the captive insurance company and conforms to the standards of the profession, as contained in the "Code of Professional Conduct" of the American institute of certified public accountants and the "Rules of Professional Conduct" of the accountancy board of Ohio; (b) The general background and experience of the staff engaged in the audit, including experience in auditing captives or other insurance companies; (c) That the accountant understands that the annual audit report and the accountant's opinions thereon will be filed in compliance with this rule with the department of insurance; (d) That the accountant consents to the requirements in paragraph (F) of this rule and that the accountant consents and agrees to make available for review by the superintendent of insurance, the superintendent of insurance's designee or appointed agent, the work papers prepared in the conduct of the audit and any communications related to the audit between the accountant and the captive insurance company; and (e) That the accountant is properly licensed by an appropriate state licensing authority and the accountant is a member in good standing in the American institute of certified public accountants.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (E) (4) (a - d)	Shall	(4) Audited financial statements shall include: (a) Balance sheet reporting assets, liabilities and equity; (b) Statements of gain or loss from operations; (c) Statements of changes in equity; (d) Statements of cash flow; and	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law

3901-11-03	3901-11-03 (E) (4) (e) (i-iii)	Shall	(e) Notes to financial statements shall be those required by generally accepted accounting principles, or as required by any other comprehensive basis of accounting in use by the captive insurance company and approved by the superintendent of insurance, and shall include: (i) A reconciliation of differences, if any, between the audited financial report and the annual statement of its financial condition filed with the superintendent of insurance; (ii) A summary of ownership and relationship of the captive insurance company and all affiliated companies insured by the captive insurance company; and (iii) A narrative explanation of all transactions that involve three per cent or more of a captive insurance company's assets as of the previous December thirty-first, and ending balances with the captive insurance company.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (E) (5)	Shall	(5) The audited financial statements shall be comparative, presenting the amounts as of December thirty-first of the current year and amounts as of the immediately preceding year ending December thirty-first. (However, in the first year in which an insurer is required to file an audited financial report, the comparative data may be omitted); and amounts may be rounded to the nearest thousand dollars.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (F)	Shall	(F) Every captive insurance company required to file an audited financial report pursuant to this rule shall require the accountant to make available for review by department examiners the work papers prepared in the conduct of his or her audit and any communications related to the audit between the accountant and the captive insurance company, at the offices of the captive insurance company, at the department, or at any other reasonable place designated by the superintendent of insurance. The captive insurance company shall require that the accountant retain the work papers and communications until the department has filed a report on examination covering the period of the audit, but for no longer than seven years from the date of the audit report.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (G) (1) (a-b)	Shall	(G) Conduct of captive insurance company in connection with the preparation of required reports and documents (1) No director, officer, or member of a captive insurance company shall, directly or indirectly: (a) Make or cause to be made a materially false or misleading statement to an accountant in connection with any audit, review or communication required under this rule; or (b) Omit to state, or cause another person to omit to state, any material fact necessary in order to make statements made, in light of the circumstances under which the statements were made, not misleading to an accountant in connection with any audit, review or communication required under this rule.		Yes, state law	Yes, state law
3901-11-03	3901-11-03 (G) (2)	Shall	(2) No officer or director of a captive insurance company, or any other person acting under the direction thereof, shall directly or indirectly take any action to coerce, manipulate, mislead or fraudulently influence any accountant engaged in the performance of an audit pursuant to this rule if that person knew or should have known that the action, if successful, could result in rendering the captive insurance company's financial statements materially misleading.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law

3901-11-03	3901-11-03 (G) (3) (a - d)	Other - requires an action	(3) Actions that, "if successful, could result in rendering the captive insurance company's financial statements materially misleading" include, but are not limited to, actions taken at any time with respect to the professional engagement period to coerce, manipulate, mislead or fraudulently influence an accountant: (a) To issue or reissue a report on a captive insurance company's financial statements that is not warranted in the circumstances (due to material violations of any accounting principles prescribed by the superintendent, generally accepted auditing standards, or other professional or regulatory standards); (b) Not to perform audit, review or other procedures required by generally accepted auditing standards or other professional standards; (c) Not to withdraw an issued report; or (d) Not to communicate matters to a captive insurance company's audit committee.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (H)	Shall	(H) Notwithstanding paragraphs (D), (E), (F), and (G) of this rule, special purpose financial captive insurance companies shall be subject to the requirements of rule 3901-1-50 of the Administrative Code.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (I) (1)	Shall	(I) Certification of policy reserves and other liabilities (1) The captive insurance company's annual statement shall be filed with a statement of actuarial opinion evaluating the captive insurance company's policy reserves and other liabilities. The individual who prepares the statement of actuarial opinion shall be a member in good standing of the American academy of actuaries.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (I) (2)	Shall	(2) Certification shall be in the form proscribed in rule 3901-3-11 of the Administrative Code.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (J) (1)	Shall	(J) Annual statement In preparing the annual statement of financial condition as required by division (B) of section 3964.07 of the Revised Code: (1) Every pure and protected cell captive insurance company shall complete and file form INS7021 made available on the department website.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law
3901-11-03	3901-11-03 (J) (2)	Shall	(2) Every special purpose financial captive insurance company shall complete and file its annual statement using the forms and instructions of the national association of insurance commissioners for life, accident and health companies using the accounting method identified under division (C) of section 3964.07 of the Revised Code. Such filing shall be made directly to the department and may be filed electronically with an affidavit of electronic filing authenticity.	Statutory Authority 3901.041, 3964.21, Rule Amplifies 3964.07	Yes, state law	Yes, state law

3901-11-03	3901-11-03 (K)	Shall Not	(K) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	3901.041	No, general rulemaking authority	No, general rulemaking authority
3901-11-04	(C)	Shall	Notification of adverse financial condition - A captive insurance company shall require the independent certified public accountant retained by the captive insurance company to prepare the audited financial report to be filed with the superintendent of insurance to immediately notify in writing an officer and all members of the board of directors of the captive insurance company of any determination by the independent certified public accountant that the captive insurance company has materially misstated its financial condition in its report to the superintendent of insurance as required by section 3964.07 of the Revised Code or that, since its last financial report the captive has experienced results which lead the certified public accountant to the determination that the captive is in adverse financial condition. The independent certified public accountant shall furnish a copy of such notification to the superintendent of insurance within five business days of notifying the captive insurance company.	R.C. 3901.041 and 3964.21	No, general rulemaking authority	No, general rulemaking authority
3901-11-04	(C)	Shall	A captive insurance company shall require the independent certified public accountant retained by the captive insurance company to prepare the audited financial report to be filed with the superintendent of insurance to immediately notify in writing an officer and all members of the board of directors of the captive insurance company of any determination by the independent certified public accountant that the captive insurance company has materially misstated its financial condition in its report to the superintendent of insurance as required by section 3964.07 of the Revised Code or that, since its last financial report the captive has experienced results which lead the certified public accountant to the determination that the captive is in adverse financial condition. The independent certified public accountant shall furnish a copy of such notification to the superintendent of insurance within five business days of notifying the captive insurance company.	R.C. 3901.041 and 3964.21	No, general rulemaking authority	No, general rulemaking authority
3901-11-04	(C)	Shall	A captive insurance company shall require the independent certified public accountant retained by the captive insurance company to prepare the audited financial report to be filed with the superintendent of insurance to immediately notify in writing an officer and all members of the board of directors of the captive insurance company of any determination by the independent certified public accountant that the captive insurance company has materially misstated its financial condition in its report to the superintendent of insurance as required by section 3964.07 of the Revised Code or that, since its last financial report the captive has experienced results which lead the certified public accountant to the determination that the captive is in adverse financial condition. The independent certified public accountant shall furnish a copy of such notification to the superintendent of insurance within five business days of notifying the captive insurance company.	R.C. 3901.041 and 3964.21	No, general rulemaking authority	No, general rulemaking authority

3901-11-04	(D)	Shall Not	Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	R.C. 3901.041 and 3964.21	No, general rulemaking authority	No, general rulemaking authority
3901-11-05	(D)	Require	Life insurance policy and annuity contract reserves For its reserve basis on risks reinsured through the special purpose financial captive, an Ohio domiciled special purpose financial captive is required to hold reserves either based upon the "Statements on Statutory Accounting Principles" as set out in the NAIC "Accounting Practices and Procedures Manual" or an alternative principle-based valuation method acceptable to the superintendent. A request to use an alternative principle-based valuation method shall be accompanied by an unqualified written actuarial opinion that is signed by the appointed actuary for the special purpose financial captive insurance company and the ceding insurer.	R.C 3901.041 and 3964.03	No, general rulemaking authority	No, general rulemaking authority
3901-11-05	(D)	Shall	Life insurance policy and annuity contract reserves For its reserve basis on risks reinsured through the special purpose financial captive, an Ohio domiciled special purpose financial captive is required to hold reserves either based upon the "Statements on Statutory Accounting Principles" as set out in the NAIC "Accounting Practices and Procedures Manual" or an alternative principle-based valuation method acceptable to the superintendent. A request to use an alternative principle-based valuation method shall be accompanied by an unqualified written actuarial opinion that is signed by the appointed actuary for the special purpose financial captive insurance company and the ceding insurer.	R.C 3901.041 and 3964.03	No, general rulemaking authority	Yes, state law
3901-11-05	(E)(1)	Shall	(E) Alternative principle-based valuation method (1) An alternative methodology shall be a principle-based valuation method that uses one or more methods or one or more assumptions proposed by the special purpose financial captive insurance company and shall be in compliance with the following:	R.C 3901.041 and 3964.03	No, general rulemaking authority	No, general rulemaking authority

3901-11-05	(E)(1)	Shall	(E) Alternative principle-based valuation method (1) An alternative methodology shall be a principle-based valuation method that uses one or more methods or one or more assumptions proposed by the special purpose financial captive insurance company and shall be in compliance with the following: (a) Address all material risks: (i) Associated with the contracts being valued, and their supporting assets; and (ii) Determined capable of materially affecting the valuation of its obligations with respect to the risks assumed. Examples of risks to be included in the principle-based valuation method include but are not limited to risks associated with policyholder behavior (such as lapse and utilization risk), mortality risk, interest rate risk, asset default risk, separate account fund performance, and the risk related to the performance of indices for contractual guarantees. (b) Be consistent with current actuarial standards of practice; (c) Consider the risk factors, risk analysis methods, and models that are incorporated in the company's overall risk assessment process. The overall risk assessment process may include but is not limited to the following analysis processes: asset adequacy testing, GAAP analysis, internal capital evaluation process and internal risk management and solvency assessments; and (d) Incorporate appropriate margins for uncertainty and/or adverse deviation for any assumptions not stochastically modeled.	R.C 3901.041 and 3964.03	No, general rulemaking authority	No, general rulemaking authority
3901-11-05	(E)(2)	Shall	The special purpose financial captive shall provide any information the superintendent may require to assess the proposed alternative methodology for approval or disapproval.	R.C 3901.041 and 3964.03	No, general rulemaking authority	No, general rulemaking authority
3901-11-05	(E)(3)	Require	If such an alternative methodology is approved by the superintendent, then the captive is required to use such alternative methodology until, and unless, the superintendent approves an alternative method.	R.C 3901.041 and 3964.03	No, general rulemaking authority	No, general rulemaking authority
3901-11-05	(F)	Shall	Independent qualified actuary Upon the superintendent's request, the special purpose financial captive requesting an alternative reserve methodology, shall secure the affirmation of an independent qualified actuary that the alternative methodology is compliant with paragraph (E) of this rule. The independent qualified actuary shall be approved by the department and provide a written actuarial opinion detailing their affirmation and a report supporting that opinion to the superintendent. The report supporting the opinion shall comply with the provisions of division (E)(3) of section 3964.03 of the Revised Code.	R.C 3901.041 and 3964.03	Yes, state law	Yes, state law
3901-11-05	(F)	Shall	Independent qualified actuary Upon the superintendent's request, the special purpose financial captive requesting an alternative reserve methodology, shall secure the affirmation of an independent qualified actuary that the alternative methodology is compliant with paragraph (E) of this rule. The independent qualified actuary shall be approved by the department and provide a written actuarial opinion detailing their affirmation and a report supporting that opinion to the superintendent. The report supporting the opinion shall comply with the provisions of division (E)(3) of section 3964.03 of the Revised Code.	R.C 3901.041 and 3964.03	No, general rulemaking authority	No, general rulemaking authority

3901-11-05	(F)	Shall	Independent qualified actuary Upon the superintendent's request, the special purpose financial captive requesting an alternative reserve methodology, shall secure the affirmation of an independent qualified actuary that the alternative methodology is compliant with paragraph (E) of this rule. The independent qualified actuary shall be approved by the department and provide a written actuarial opinion detailing their affirmation and a report supporting that opinion to the superintendent. The report supporting the opinion shall comply with the provisions of division (E)(3) of section 3964.03 of the Revised Code.	R.C 3901.041 and 3964.03	Yes, state law	Yes, state law
3901-11-05	(F)	Shall	Independent qualified actuary Upon the superintendent's request, the special purpose financial captive requesting an alternative reserve methodology, shall secure the affirmation of an independent qualified actuary that the alternative methodology is compliant with paragraph (E) of this rule. The independent qualified actuary shall be approved by the department and provide a written actuarial opinion detailing their affirmation and a report supporting that opinion to the superintendent. The report supporting the opinion shall comply with the provisions of division (E)(3) of section 3964.03 of the Revised Code.	R.C 3901.041 and 3964.03	Yes, state law	Yes, state law
3901-11-05	(G)	Shall Not	(G) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.	R.C 3901.041 and 3964.03	No, general rulemaking authority	No, general rulemaking authority
3901-11-06	(D)(1)	Require	"(D) Methodology (1) In determining the capital and surplus requirement for an insurer that will cede risks and obligations to a special purpose financial captive insurance company, and the capital and surplus of a special purpose financial captive insurance company, the superintendent is by statute required to employ a methodology that: (a) Is consistent with current risk-based capital principles; and (b) Takes into account all material risks and obligations, as well as the assets of the insurer or special purpose financial captive insurance company, as appropriate."	R.C. 3901.041; R.C. 3964.07; R.C. 3964.03; R.C. 3964.07	Yes, state law	Yes, state law
3901-11-06	(D)(2)(a)	Shall	"(2) Pursuant to division (E)(6) of section 3964.03 of the Revised Code an insurer that cedes risks and obligations to a special purpose financial captive insurance company shall provide the superintendent a proposed capital and surplus requirement that is supported by: (a) An actuarial report prepared by a qualified actuary. The qualified actuary shall perform a risk evaluation for purposes of enterprise risk management and provide the superintendent an actuarial report documenting that evaluation. The risk evaluation shall conform to all applicable actuarial standards of practice including those specifically addressing risk evaluation and risk treatment in enterprise risk management;"	R.C. 3901.041; R.C. 3964.07; R.C. 3964.03; R.C. 3964.07	Yes, state law	Yes, state law

3901-11-06	(D)(2)(b)	Shall	"(2) Pursuant to division (E)(6) of section 3964.03 of the Revised Code an insurer that cedes risks and obligations to a special purpose financial captive insurance company shall provide the superintendent a proposed capital and surplus requirement that is supported by: (b) Any other information the superintendent deems necessary."	R.C. 3901.041; R.C. 3964.07; R.C. 3964.03; R.C. 3964.07	Yes, state law	Yes, state law
3901-11-06	(D)(3)(a)	Shall	"(3) Pursuant to division (G) of section 3964.07 of the Revised Code an applicant for authority to be licensed as a special purpose financial captive insurance company shall provide the superintendent a proposed capital and surplus requirement that is supported by: (a) An actuarial report prepared by a qualified actuary. The qualified actuary shall perform a risk evaluation for purposes of enterprise risk management of the risks and obligations specific to the special purpose financial captive insurance company and provide the superintendent an actuarial report documenting that evaluation. The risk evaluation shall conform to all applicable actuarial standards of practice including those specifically addressing risk evaluation and risk treatment in enterprise risk management;"	R.C. 3901.041; R.C. 3964.07; R.C. 3964.03; R.C. 3964.07	Yes, state law	Yes, state law
3901-11-06	(D)(3)(b)	Shall	"(3) Pursuant to division (G) of section 3964.07 of the Revised Code an applicant for authority to be licensed as a special purpose financial captive insurance company shall provide the superintendent a proposed capital and surplus requirement that is supported by: (b) Any other information the superintendent deems necessary."	R.C. 3901.041; R.C. 3964.07; R.C. 3964.03; R.C. 3964.07	Yes, state law	Yes, state law
3901-11-06	(E)	Shall Not	"(E) Severability If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect."	R.C. 3901.041; R.C. 3964.07; R.C. 3964.03; R.C. 3964.07	No, general rulemaking authority	No, general rulemaking authority