



Notice of Intent to Adopt Rules

Revised July 2013

1. General Information			
a. Agency/Board Name Department of Insurance			
b. Agency/Board Address 106 East 6th Avenue		c. City Cheyenne	d. Zip Code 82002
e. Name of Contact Person Heather Canarecci		f. Contact Telephone Number 307-777-6916	
g. Contact Email Address heather.canarecci1@wyo.gov			
h. Date of Public Notice 1/27/2014		i. Comment Period Ends 3/13/2014	
j. Program			
2. Rule Type and Information: For each chapter listed, indicate if the rule is New, Amended, or Repealed.			
If "New," provide the Enrolled Act numbers and years enacted:			
a. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed <i>Please use the Additional Rule Information form for more than 10 chapters, and attach it to this certification.</i>			
Chapter Number: 20	Short Title: Continuing Education	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended
Chapter Number:	Short Title:	<input type="checkbox"/> New	<input type="checkbox"/> Amended
c. <input checked="" type="checkbox"/> The Statement of Reasons is attached to this certification.			
d. <input checked="" type="checkbox"/> N/A <input type="checkbox"/> In consultation with the Attorney General's Office, the Agency's Attorney General representative concurs that strike and underscore is not required as the proposed amendments are pervasive (Section 5 of the Rules on Rules).			
e. A copy of the proposed rules* may be obtained:			
<input checked="" type="checkbox"/> By contacting the Agency at the physical and/or email address listed in Section 1 above. <input type="checkbox"/> At the following URL: _____			
* If item "d" above is not checked, the proposed rules shall be in strike and underscore format.			

3. Public Comments and Hearing Information

a. A public hearing on the proposed rules has been scheduled. Yes No

If "Yes:"	Date:	Time:	City:	Location:

b. What is the manner in which interested persons may present their views on the rulemaking action?

By submitting written comments to the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

A public hearing will be held if requested by 25 persons, a government subdivision, or by an association having not less than 25 members.

Requests for a public hearing may be submitted:

To the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

c. Any person may urge the Agency not to adopt the rules and request the Agency to state its reasons for overruling the consideration urged against adoption.

Requests for an agency response must be made prior to, or within thirty (30) days after adoption, of the rule, addressed to the Agency and Contact Person listed in Section 1 above.

4. Federal Law Requirements

a. These rules are created/amended/repealed to comply with federal law or regulatory requirements. Yes No

If "Yes:"	Applicable Federal Law or Regulation Citation:

Indicate one (1):

The proposed rules meet, but do not exceed, minimum federal requirements.

The proposed rules exceed minimum federal requirements.

Any person wishing to object to the accuracy of any information provided by the Agency under this item should submit their objections prior to final adoption to:

To the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

5. State Statutory Requirements

a. Indicate one (1):

The proposed rule change *MEETS* minimum substantive statutory requirements.

The proposed rule change *EXCEEDS* minimum substantive statutory requirements. Please attach a statement explaining the reason that the rules exceed the requirements.

b. Indicate one (1):

The Agency has complied with the requirements of W.S. 9-5-304. A copy of the assessment used to evaluate the proposed rules may be obtained:

By contacting the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

Not Applicable.

6. Authorization

a. I certify that the foregoing information is correct.

Printed Name of Authorized Individual	Tom C. Hirsig
Title of Authorized Individual	Commissioner
Date of Authorization	1/27/2014

Distribution List:

- Attorney General and LSO: Hard copy of Notice of Intent; Statement of Reasons; clean copy of the rules; and strike-through and underline version of rules (if applicable). *Optional:* electronic copies of all items noted (in addition to hard copies) may be emailed to LSO at Criss.Carlson@wvleg.gov.
- Secretary of State: Electronic version of Notice of Intent sent to Rules@wyo.gov.