

Mississippi Secretary of State  
700 North Street, P. O. Box 136, Jackson, MS 39205-0136

AGENCY NAME Mississippi Department of Insurance		CONTACT PERSON Kimberly Causey	TELEPHONE NUMBER (601) 359-3577
ADDRESS P.O. Box 79		CITY Jackson	STATE MS ZIP 39205
EMAIL Klm.causey@mld.ms.gov	SUBMIT DATE 5/8/2017	Name or number of rule(s): Title 19, Part 1, Chapter 38, Rule 38.09 "Mississippi Product and Rate Filing Fee Schedule"	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This Regulation amends existing 19 Miss. Admin. Code, Part 1, Chapter 38, Rule 38.09, "Mississippi Product and Rate Filing Fee Schedule" to increase certain fees.

Specific legal authority authorizing the promulgation of rule: MCA § 25-43-3.112; §83-5-1; and §83-9-3

List all rules repealed, amended, or suspended by the proposed rule: Title 19, Part 1, Chapter 38, Rule 38.09 is amended.

**ORAL PROCEEDING:**

- An oral proceeding is scheduled for this rule on Date \_\_\_\_\_
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.


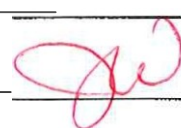
**ECONOMIC IMPACT STATEMENT:**

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in ___ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: 4/12/2017 Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Kimberly Causey, Special Assistant Attorney General

Signature of person authorized to file rules: *Kimberly Causey, SAAG*

<p align="center">OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p align="center"><b>DO NOT WRITE BELOW THIS LINE</b></p> <p align="center">OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p align="center">OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> <p>Accepted for filing by <i>f/:-S&lt;:2 &amp;t+</i> </p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

**Rule 38.09:** Exhibit B- Mississippi Product and Rate Filing Fee Schedule

**EXHIBIT B**

**MISSISSIPPI PRODUCT AND RATE FILING FEE SCHEDULE**

Effective June 1, 2017

Filing Rating Classifications:

5 - Extremely High Degree of Analysis - \$1,100

4 - Medium High Degree of Analysis - \$825

3 - Average Degree of Analysis - \$550

2 - Medium Low Degree of Analysis - \$275

1 - Low Degree of Analysis - \$175

1) Individual Life Insurance Policies

- Traditional Whole Life (Fixed Level or Increasing Benefits), Variable or Non-Variable 1
- Indeterminate Premium Whole Life - 2
- Single Premium Whole Life, Variable or Non-Variable - 2
- Term Life (Other than ROP Term and Deposit Term) - 3
- ROP Term - 4
- Deposit Term - 4
- Flexible Premium Adjustable WL (UL), Variable or Non-Variable, Without Secondary Guarantees - 5
- Equity Indexed (EI) Flexible Premium Adjustable WL (UL) Without Secondary Guarantees - 4
- EI Flexible Premium Adjustable WL (UL) With Secondary Guarantees - 5
- Fixed Premium Current Assumption Whole Life (CAWL) - 4
- Credit Life - 2

2) Group Life Insurance

- Group Term Life Insurance - 1
- Group Permanent Life (excluding group UL) - 2
- Group Flexible Premium Adjustable WL (UL) - 4

3) Individual Life Policy Riders/Benefits

- Accidental Death (and Dismemberment) Rider - 1

- Waiver of Premium Rider - 1
- Guaranteed Insurability Rider - 1
- Payor Death and/or Disability Rider - 1
- Waiver of Monthly Deductions (UL/CAWL) Rider - 3
- Accelerated Death Benefit Rider/Benefit - 4
- Critical Illness Rider – 4
- Long Term Care Extension of Benefits Rider - 4

4) Individual Deferred and Immediate Annuities

- Non-Equity Indexed (EI Flexible Premium Deferred Annuity With Nonforfeiture Rate Redetermination, Variable and Non-Variable - 4
- Non-Equity Indexed (EI) Flexible Premium Deferred Annuity Without Nonforfeiture Rate Redetermination, Variable and Non-Variable - 3
- EI Flexible Premium Deferred Annuity Without Nonforfeiture Rate Redetermination, Variable and Non-Variable - 4
- EI Flexible Premium Deferred Annuity With Nonforfeiture Rate Redetermination, Variable and Non-Variable - 5
- Non-EI Single Premium Deferred Annuity Without Nonforfeiture Rate Redetermination, Variable and Non-Variable - 2
- Non-EI Single Premium Deferred Annuity With Nonforfeiture Rate Redetermination, Variable and Non-Variable - 3
- EI Single Premium Deferred Annuity Without Nonforfeiture Rate Redetermination, Variable and Non-Variable - 3
- EI Single Premium Deferred Annuity With Nonforfeiture Rate Redetermination, Variable and Non-Variable - 4
- Single Premium Immediate Annuity, Life Contingent/Non-Life Contingent - 2
- Variable Single Premium Immediate Annuity, Life Contingent/Non-Life Contingent – 3
- Guaranteed Living Benefits Rider - 4

5) Group Deferred Annuities

- Group Deferred Annuity - 2
- Group Variable Deferred Annuity – 3
- Guaranteed Investment Contract – 2
- EI Guaranteed Investment Contract - 3

6) Individual Accident and Health Insurance Forms (Including Initial rate Filing)

- ~~Standardized~~ Medicare Supplement Insurance - 4
- Long Term Care Insurance - 4
- Major Medical Insurance - 3
- Short Term Disability Insurance (STD) - 2
- Long Term Disability Insurance (LTD) - 2
- Hospital Indemnity Insurance - 2

- Accidental Death (and Dismemberment) Insurance - 1
  - Medical/Surgical Insurance - 3
  - Cancer Insurance - 3
  - Credit Accident and Health – 3
  - Critical Illness Insurance - 4
- 7) Group Accident and Health Insurance Forms (Including Initial Rate Filing)
- Medicare Supplement Insurance - 4
  - Long Term Care Insurance - 4
  - Large Group Major Medical Insurance - 3
  - Small Group Major Medical Insurance –5
  - Short Term Disability Insurance (STD) - 3
  - Long Term Disability Insurance (LTD) – 2
  - Critical Illness Insurance - 4
- 8) Individual Accident and Health Insurance Renewal Rate Filings
- Medicare Supplement Insurance - 4
  - Long Term Care Insurance - 5
  - Major Medical Insurance –5
  - Short Term Disability Insurance (STD) - 3
  - Long Term Disability Insurance (LTD) - 3
  - Hospital Indemnity Insurance - 2
  - Accidental Death (and Dismemberment) Insurance - 1
  - Medical/Surgical Insurance - 2
  - Cancer Insurance – 3
  - Critical Illness Insurance - 4
- 9) Group Accident and Health Insurance Renewal Rate Filings
- Small Group Major Medical Insurance – 4-5
  - Long Term Care Insurance - 5
  - Medicare Supplement Insurance – 4
  - Critical Illness Insurance - 4

Source: Miss. Code Ann. § 83-9-3(5) (Rev. 2011)

EXHIBIT "A"

MISSISSIPPI DEPARTMENT OF INSURANCE EXPEDITED REVIEW  
FILING ELECTION FORM

Company Name: \_\_\_\_\_

Form Filing SERFF Number: \_\_\_\_\_

Check One:

\_\_\_\_\_ I elect to use the expedited form filing procedure. I have enclosed a check payable to the Mississippi Department of Insurance for all applicable statutory fees. I also verify I have sent a check to the Actuarial Resources Corporation of Georgia for the applicable expedited review fee.

\_\_\_\_\_ I elect to use the Standard Filing Procedure.