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(SUBMIT A SEPARATE INSERTION ORDER PER DOCUMENT)

EMERGENCY RULE     NOTICE OF INTENT     RULE     POTPOURRI

REFER TO INSTRUCTIONS ON REVERSE SIDE

December 22

This is your authority to publish in the (month) \_\_\_\_\_, 20\_\_\_\_ Louisiana Register the document indicated above.

**OFFICE OF THE COMMISSIONER**

Office/Board/Commission promulgating this document

**JAMES J. DONELON COMMISSIONER**

(name) (title)  
 Name and title of person whose signature will appear in the publication (at the end of the document)

**DEPARTMENT OF INSURANCE**

Department under which office/board/commission is classified

**Philip Dominique 225-342-6704 225-342-1632**

(name) (phone) (fax)  
 Name, phone number, and FAX number of person to contact regarding this document

**philip.dominique@ldi.la.gov**

E-mail address of contact person

**REGULATION 124**

CATASTROPHE CLAIMS PROCESS DISCLOSURE FORM-GUIDE

Short descriptive listing for this document to be used in the Louisiana Register's TABLE OF CONTENTS/INDEX

**REGULATION 124 - POTPOURRI**

File name



Signature of Agency Head or Designee

**Nicholas Lorusso, Chief Deputy Commissioner**

Print Name and Title of Agency Head or Designee

**Important:** If submitting both an Emergency Rule (ER) and a Notice of Intent (NOI) to be published this month, AND if the rule text in the ER is identical to the rule text in the NOI, check here:

**CERTIFICATION OF AVAILABLE FUNDS**

DOCUMENT # \_\_\_\_\_

**LAGOV AGENCY:**

I certify the availability of fiscal year 22/23 appropriated funds for the payment of the above referenced publication and authorize the processing of an Interagency Billing with the following coding on the 30th of the month of the publication. Attach supplemental sheet for additional lines of coding.

<u>165</u>	<u>5950006</u>	<u>1165205032</u>	<u>—</u>	<u>116000200</u>	<u>—</u>	<u>—</u>	<u>—</u>
<b>Business Area</b>	<b>General Ledger</b>	<b>Cost Center</b>	<b>Grant</b>	<b>Fund</b>	<b>WBS</b>	<b>Internal Order</b>	<b>Functional</b>

**NON-LAGOV AGENCY:**

I certify the availability of fiscal year \_\_\_\_\_ appropriated funds for the payment of the above referenced publication and agree to place corresponding invoice in line for payment upon receipt.

**Billing Contact Information:**

Darsha J. Crockett

Signature of Agency Head or Designee

342-5353

Phone Number

La Dept of Insurance

Agency Name

Brandi Robertson

Agency Contact Person for Billing

AccountsPayable@ldi.la.gov

Agency E-Mail Address for Billing

Per Page Charge \_\_\_\_\_ + Revision Charge \$ \_\_\_\_\_ = TOTAL \$ \_\_\_\_\_

POTPOURRI

Department of Insurance  
Office of the Commissioner

Public Hearing—Substantive Change to Proposed Rule;  
Regulation 124—Catastrophe Claims Process Disclosure Form-Guide  
(LAC 37:XIII.Chapter 191)

The Department of Insurance published a Notice of Intent to promulgate Regulation 124—Catastrophe Claims Process Disclosure Form-Guide in the October 20, 2022, Volume 48, No. 10 edition of the *Louisiana Register*. The Department of Insurance proposes amending §19119, Appendix A of the current Notice of Intent to promulgate Regulation 124 by removing “under penalty of perjury” from the first line of the Certificate of Hand-Delivery of the Catastrophe Claims Process Disclosure Form-Guide.

Since this is a substantive change, the Louisiana Department of Insurance will conduct a public hearing in this matter in accordance with the statutory provisions contained in the Administrative Procedure Act, including specifically those in R.S. 49:968(H)(2). The public hearing will be held in accordance with the particulars published in this potpourri, and all interested persons are invited to attend and participate in the subject hearing.

Title 37

INSURANCE  
Part XIII. Regulations

Chapter 191. Regulation 124— Catastrophe Claims Process Disclosure Form-Guide  
§19119. Appendix A

Certificate of Hand-Delivery  
Catastrophe Claims Process Disclosure Form-Guide

I hereby certify, ~~under penalty of perjury,~~ that on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, I appeared at:

(Physical address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and personally hand-delivered a true and complete copy of the Catastrophe Claims Process Disclosure Form-Guide to:

(Name of recipient): \_\_\_\_\_.

Delivery of this disclosure form-guide was made in connection with the following policy of insurance:

(Policy number): \_\_\_\_\_

(Policyholder): \_\_\_\_\_

(Printed name): \_\_\_\_\_

(Signature): \_\_\_\_\_ (Date signed): \_\_\_\_\_

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:2, 22:11, 22:1897, and the Administrative Procedure Act, R.S. 49:950, et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR \_\_\_\_\_ (Month Year).

## **PUBLIC HEARING**

A public hearing on the proposed substantive changes will be held by the Louisiana Department of Insurance on January 20, 2023, at 10:00 a.m. in the Poydras Hearing Room, Poydras Building, 1702 North Third Street, Baton Rouge, LA. Interested persons who wish to make comments or offer testimony may do so at the public hearing or by writing to Philip Dominique, Louisiana Department of Insurance, P.O. Box 94214, Baton Rouge, LA 70804-9214. Comments will be accepted no later than January 20, 2023, by close of business, 4:30 p.m.

James J. Donelon  
Commissioner