SECTION 3: SIGNED and PROPERLY COMPLETED CERTIFICATION PAGE

REGS-1 Rev. 09/2013

(Certification page—see Instructions on back)

CERTIFICATION

This certification statement must be completed in full.

I hereby certify that the above Regulation(s)

1) is/are *(check all that apply)* ☐ **adopted** ☒ **amended** ☐ **repealed** by this agency pursuant to the following authority(ies): *(complete all that apply)*

   a. ***Connecticut General Statutes* section(s)** 38a-475.

   b. **Public Act Number(s)** _____.
   (Provide public act number(s) if the authorizing act has not yet been codified in the Connecticut General Statutes.)

And I further certify

2) that **Notice of Intent** to adopt, amend or repeal said regulation(s) was electronically submitted to the Secretary of the State on October 23, 2014, and posted to the Secretary's regulations website on October 27, 2014; *(Insert dates notice was (a) emailed to the Secretary of the State and (b) posted on the Secretary's website, if notice and posting were required by CGS 4-168, as amended by PA 13-247 and PA 13-274.)*

3) and that a public hearing regarding the proposed regulation(s) was held on _____ **or** ☒ that no public hearing was held; *(Insert date(s) of mandatory public hearing(s) held pursuant to CGS 4-168(a), as amended, or other applicable statute, and/or voluntary hearing, **or** if no hearing was held, check the box for that statement.)*

4) and that notice of **Decision to Take Action** on said regulations was electronically submitted to the Secretary of the State on December 3, 2014, and posted to the Secretary's regulations website on December 4, 2014; *(Insert dates notice was (a) emailed to the Secretary of the State and (b) posted on the Secretary's website, if notice and posting were required by CGS 4-168, as amended by PA 13-247 and PA 13-274.)*

5) and that said regulation(s) is/are **EFFECTIVE** *(check one, and complete as applicable)*

   ☒ When posted online by the Secretary of the State.

   OR ☐ on *(insert date)* _____.

6) SIGNED *(Head of Board, Agency or Commission)*	OFFICIAL TITLE, DULY AUTHORIZED	DATE
	Deputy Insurance Commissioner	12/8/14

***APPROVED** by the **Attorney General** as to legal sufficiency in accordance with CGS Section 4-169, as amended.*

DATE	SIGNED *(Attorney General or AG's designated representative)*	OFFICIAL TITLE, DULY AUTHORIZED
12/19/14	Joseph Rubin	ASSOC. ATTY. GENERAL

*Proposed regulations are **DEEMED APPROVED** by the Attorney General in accordance with CGS Section 4-169, as amended, if the Attorney General fails to give notice to the agency of any legal insufficiency within thirty (30) days of the receipt of the proposed regulation.*

(For Regulation Review Committee Use ONLY)

APPROVED ☐ in WHOLE **or** WITH ☐ technical corrections ☐ deletions ☐ substitute pages

☐ DEEMED APPROVED, *pursuant CGS 4-170(c), as amended.*

☐ Rejected without Prejudice ☐ Disapproved, *pursuant to CGS 4-170(c), as amended.*

By the Legislative Regulation Review Committee in accordance with CGS Section 4-170, as amended	DATE	SIGNED *(Administrator, Legislative Regulation Review Committee)*

In accordance with CGS Section 4-172, as amended by PA 13-247 and PA 13-274, one certified paper copy and one electronic copy with agency head certification statement received on the date(s) specified below.

DATE	SIGNED *(Secretary of the State)*	BY

(For Secretary of the State Use ONLY)

Date Posted to SOTS Regulations Website:

Date Electronic Copy Forwarded to the Commission on Official Legal Publications:

SOTS file stamp: