

TRANSMITTAL DOCUMENT

TITLE 365

CHAPTER 15

NAME OF AGENCY:

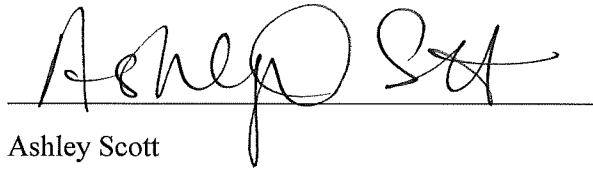
Oklahoma Insurance Department

TYPE OF DOCUMENT:

Notice of rulemaking intent

LIAISON VERIFICATION:

I verify that I have reviewed the attached document and that it substantially conforms to the filing and format requirements of the APA and the Rules of the Secretary of State. Additional information may be obtained by contacting me at 405-521-6616.

A handwritten signature in black ink, appearing to read "Ashley Scott", is written over a horizontal line.

Ashley Scott

Deputy Commissioner of External Affairs

Rules Liaison

October 28, 2025