



MISSISSIPPI INSURANCE DEPARTMENT

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.ms.gov

J. MARK HAIRE
Deputy Commissioner of Insurance

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-3569
FAX: (601) 359-2474
WATS: 1-800-562-2957 (Incoming-USA)

BULLETIN 2023-4 MISSISSIPPI INSURANCE DEPARTMENT

HOUSE BILL 1084 CONTINUING EDUCATION EXEMPTIONS INSURANCE PRODUCERS SIXTY-FIVE AND OLDER

April 18, 2023

During the 2023 Regular Legislative Session, the Mississippi Legislature passed House Bill 1084, which amends Section 83-17-251 of the Mississippi Code to provide that any individual who is sixty-five (65) years of age or older and who has been licensed as an insurance producer for a continuous period of twenty-five (25) years or more, may be exempt from insurance producer continuing education requirements. This Bulletin has been promulgated by the Mississippi Insurance Department ("MID") to provide subject insurance producers with guidance regarding compliance with this exemption.

Effective April 17, 2023, the date House Bill 1084 was signed into law by the Governor, any insurance producer who meets the requirements of HB 1084 at the time of license renewal may submit an affidavit under oath, as prescribed by the Commissioner, a copy of which is attached hereto as Exhibit "A", to claim the continuing education exemption. The affidavit may also be accessed via the MID website at the following link: <https://www.mid.ms.gov/licensing/producer-individual-licensing.aspx> . In order to claim the exemption, the affidavit must be submitted.

Questions regarding claiming this exemption should be addressed to the MID Licensing Division at licensing@mid.ms.gov .

Sincerely,

A blue ink signature of Mike Chaney, written in a cursive style, with a horizontal line extending from the end of the signature.

MIKE CHANEY
COMMISSIONER OF INSURANCE

EXHIBIT "A"

STATE OF _____

COUNTY OF _____

AFFIDAVIT

Personally appeared before me, the undersigned authority, the within named, _____, who being duly sworn, states upon his/her oath the following:

1. I, _____, am over the age of eighteen (18) years of age. I am fully competent to give this affidavit based upon my personal knowledge and recollection of the matters stated herein.
2. I am currently sixty-five (65) years of age or older.
3. I have been licensed as an insurance producer a continuous period of twenty-five (25) years immediately preceding the submission of my insurance producer's renewal application. My producer's license number is _____.

Further affiant sayeth not.

Done this the _____ day of _____, 20____.

Print Name of Affiant

Signature of Affiant

STATE OF _____

COUNTY OF _____

Sworn to and subscribed to
Before me this the _____ day of
_____, 20____.

Notary Public

My Commission Expires _____