

**Division of Insurance**

**Scheduled Hearings  
October 1<sup>st</sup> through October 31<sup>st</sup>**

<b>Docket No. Time / Room</b>	<b>Date</b>	<b>Case</b>	<b>Presiding Officer</b>
<b>G2018-02</b> 10:00 1-E	10/02/18	Annual Medicare Supplement Insurance Hearing  <b>Hearing</b>	Kristina Gasson

\*\* Letter preceding each Docket No. denotes case type.

<b>B</b>	=	<b>Board of Review</b>
<b>C</b>	=	<b>CAR</b>
<b>D</b>	=	<b>Damage Appraisers (ADALB)</b>
<b>E</b>	=	<b>Enforcement</b>
<b>F</b>	=	<b>Financial</b>
<b>G</b>	=	<b>General (Usually Regulations)</b>
<b>M</b>	=	<b>Medical Malpractice</b>
<b>R</b>	=	<b>Rate</b>
<b>W</b>	=	<b>Workers' Compensation</b>