

FILED  
DEC 27 2021  
Department of Insurance  
State of Idaho

**BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE**

**STATE OF IDAHO**

In the Matter of:

RESERVE NATIONAL INSURANCE  
COMPANY

Certificate of Authority No. 1223  
NAIC ID No. 68462

Docket No. 18-4033-21

**AMENDED ORDER  
AUTHORIZING  
DISCONTINUANCE OF  
MEDICARE SUPPLEMENT PLANS**

On December 1, 2021, the Idaho Department of Insurance (“Department”) received a letter from RESERVE NATIONAL INSURANCE COMPANY (“RESERVE”) notifying the Department of RESERVE’s intent to discontinue the availability of its Medicare Supplement plans, identified as form numbers MCS-10-A, MCS-10-C, MCS-10-F, MCS-10-F-HD, MCS-10-G, and MCS-10-N, in Idaho effective December 31, 2021.

RESERVE acknowledged that discontinuance of the sale of its Medicare Supplement plans in Idaho will prohibit RESERVE from filing for approval in Idaho a new policy form or certificate form of the same type for the same standard Medicare Supplement benefit plans as the discontinued forms for a period of five (5) years from the date of RESERVE’s notice to the Department, pursuant to IDAPA 18.04.10.056.04.b. RESERVE represented that it will continue to service all of its existing in-force Medicare Supplement policies covering Idaho insureds, which policies are guaranteed renewable.

The Department's Director ("Director"), having reviewed the foregoing and the requirements of IDAPA 18.04.10.056.04, finds that the proposed effective date of the discontinuance complies with the notice requirements to the Director set forth in IDAPA 18.04.10.056.04.a. Based on this finding, and good cause appearing,

NOW, THEREFORE, IT IS HEREBY ORDERED, pursuant to IDAPA 18.04.10.056.04.a, that RESERVE is authorized to discontinue availability of its Medicare Supplement plans identified above, effective December 31, 2021.

IT IS HEREBY FURTHER ORDERED, pursuant to IDAPA 18.04.10.056.04.b, that RESERVE shall not file with the Department a new policy form or certificate form of the same type for the same standard Medicare Supplement benefit plans as the discontinued forms prior to December 1, 2026.

IT IS FURTHER ORDERED that the prior order entered in this matter on December 22, 2021, is replaced by this order to correct a clerical error in the certificate of authority and NAIC ID numbers in the case caption.

DATED and effective this 27<sup>th</sup> day of December, 2021.

STATE OF IDAHO  
DEPARTMENT OF INSURANCE



DEAN L. CAMERON  
Director

## NOTIFICATION OF RIGHTS

This is a final order of the agency. Any party may file a motion for reconsideration of this final order within 14 days of the service date of this order. The agency will dispose of the motion for reconsideration within 21 days of its receipt, or the motion will be considered denied by operation of law. *See* Idaho Code § 67-5246(4).

Any such motion for reconsideration shall be served on the Director of the Idaho Department of Insurance, addressed as follows:

Dean L. Cameron, Director  
Idaho Department of Insurance  
700 W. State Street, 3<sup>rd</sup> Floor  
P.O. Box 83720  
Boise, ID 83720-0043

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may file a petition for judicial review in the district court of the county in which:

- i. A hearing was held;
- ii. The final agency action was taken;
- iii. The party seeking review of the order resides, or operates its principal place of business in Idaho; or
- iv. The real property or personal property that was the subject of the agency action is located.

A petition for judicial review must be filed within 28 days of: (a) the service date of this final order, (b) the service of an order denying motion for reconsideration, or (c) the failure within 21 days to grant or deny a motion for reconsideration, whichever is later. *See* Idaho Code § 67-5273. The filing of a petition for judicial review does not itself stay the effectiveness or enforcement of the order under appeal. Idaho Code § 67-5274.

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 27<sup>th</sup> day of December, 2021, I caused a true and correct copy of the foregoing *AMENDED ORDER AUTHORIZING DISCONTINUANCE OF MEDICARE SUPPLEMENT PLANS* to be served upon the following by the designated means:

Reserve National Insurance Company  
601 East Britton Road  
Oklahoma City, OK 73114

- ☒ first class mail
- ☐ certified mail
- ☐ hand delivery
- ☐ facsimile
- ☐ email

John C. Keenan  
Deputy Attorney General  
Idaho Department of Insurance  
700 W. State Street, 3<sup>rd</sup> Floor  
P.O. Box 83720  
Boise, ID 83720-0043

- ☐ first class mail
- ☐ certified mail
- ☒ hand delivery
- ☐ facsimile
- ☐ email

  
Pamela Murray