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Attorneys for the Department of Insurance



BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE

STATE OF IDAHO

In the Matter of:

THE MANHATTAN LIFE INSURANCE COMPANY

Certificate of Authority No. 69 NAIC ID No. 65870 Docket No. 18-3365-17

ORDER AUTHORIZING WITHDRAWAL FROM MEDICARE SUPPLEMENT MARKET

On or about September 7, 2017, the Idaho Department of Insurance ("Department") received from THE MANHATTAN LIFE INSURANCE COMPANY ("MANHATTAN") notice of its intent to withdraw from the Medicare Supplement market in Idaho, effective January 1, 2018, by discontinuing the availability of its Medicare Supplement plans, which are identified as policy forms: MLMSAAID, MLMSACID, MLMSAFID, MLMSAGID, and MLMSANID.

MANHATTAN acknowledged that its withdrawal of Medicare Supplement policies from sale in Idaho will prohibit MANHATTAN 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 MANHATTAN's notice to the

Department, pursuant to the requirements of IDAPA 18.01.54.030.04.b. MANHATTAN represented that it will continue to service its existing in-force Medicare Supplement policies covering Idaho insureds and that, as such policies are guaranteed renewable, MANHATTAN will

be obligated to renew coverage to all existing policyholders.

MANHATTAN's notice of intent to withdraw from the Medicare Supplement market in Idaho appears to comply with the notice requirements to the Department's Director ("Director")

as set forth in IDAPA 18.01.54.030.04.a.

The Director, having reviewed the foregoing and the requirements of IDAPA 18.01.54.030.04, and good cause appearing therefor,

NOW, THEREFORE, IT IS HEREBY ORDERED, pursuant to IDAPA 18.01.54.030.04.a, that MANHATTAN is authorized to withdraw from the Medicare Supplement market in Idaho,

effective January 1, 2018.

IT IS HEREBY FURTHER ORDERED, pursuant to IDAPA 18.01.54.030.04.b, that MANHATTAN 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 September 7, 2022.

DATED this / day of October, 2017.

STATE OF IDAHO DEPARTMENT OF INSURANCE

DEAN L. CAMERON

Director

NOTIFICATION OF RIGHTS

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

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order may appeal it by filing a petition for judicial review in the district court of the county in which: (1) the hearing was held; or (2) the final agency action was taken; or (3) the aggrieved party resides or operates its principal place of business in Idaho; or (4) the real property or personal property that was the subject of the agency decision is located. An appeal must be filed within twenty-eight (28) days of: (a) the service date of this final order; or (b) an order denying a petition for reconsideration; or (c) the failure within twenty-one (21) days to grant or deny a petition 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.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this ______day of October, 2017, I caused a true and correct copy of the foregoing ORDER AUTHORIZING WITHDRAWAL FROM MEDICARE SUPPLEMENT MARKET to be served upon the following by the designated means:

The Manhattan Life Insurance Company Daniel J. George, President 10777 Northwest Freeway Houston, TX 77092	☐ first class mail☐ certified mail☐ hand delivery☐ via facsimile☐ via email
Judy L. Geier Deputy Attorney General Idaho Department of Insurance 700 W. State Street, 3 rd Floor P.O. Box 83720 Boise, ID 83720-0043	first class mail certified mail hand delivery via facsimile via email

Pamela Murray