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Attorneys for the Department of Insurance

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BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE

STATE OF IDAHO

In the Matter of:

MUTUAL OF OMAHA INSURANCE COMPANY

Certificate of Authority No. 535 NAIC ID No. 71412

Docket No. 18-3561-18

ORDER AUTHORIZING WITHDRAWAL FROM MEDICARE SUPPLEMENT MARKET

On or about October 25, 2018, the Idaho Department of Insurance ("Department") received from MUTUAL OF OMAHA INSURANCE COMPANY ("MUTUAL OF OMAHA") notice of its intent to withdraw from the Medicare Supplement market in Idaho, effective November 24, 2018, by discontinuing the availability of its Medicare Supplement plans, which MUTUAL OF OMAHA identified as policy form numbers MM20-24035; MM24-24036; MM25-24037; MM34-25010; and MM35-25011.

MUTUAL OF OMAHA acknowledged that its withdrawal of Medicare Supplement policies from sale in Idaho will prohibit MUTUAL OF OMAHA 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 MUTUAL

OF OMAHA's notice to the Department, pursuant to the requirements of IDAPA

18.01.54.030.04.b. MUTUAL OF OMAHA represented that it will continue to service all of its

existing in-force Medicare Supplement policies covering Idaho insureds, which policies will

continue to provide guaranteed renewable coverage as long as premiums are paid when due.

MUTUAL OF OMAHA'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 MUTUAL OF OMAHA is authorized to withdraw from the Medicare Supplement market in

Idaho, effective November 24, 2018.

IT IS HEREBY FURTHER ORDERED, pursuant to IDAPA 18.01.54.030.04.b, that

MUTUAL OF OMAHA 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 October 25, 2023.

DATED this **2** day of November, 2018.

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 November, 2018	8, I caused a tr	rue and correct
I HEREBY CERTIFY that on this day of November, 2018 copy of the foregoing ORDER AUTHORIZING WITHDRAW	AL FROM	MEDICARE
SUPPLEMENT MARKET to be served upon the following by the designated means:		
Mutual of Omaha Insurance Company Attn: Gilbert Burket Mutual of Omaha Plaza Omaha, NE 68175	□ first class □ certified □ hand dels □ via facsis □ via email	mail ivery mile

Judy L. Geier
Deputy Attorney General
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P.O. Box 83720
Boise, ID 83720-0043

Pamela Murray

first class mail certified mail

Mand delivery

via facsimile

via email