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**FILED**

*PM*

**JUL 10 2015**

Department of Insurance  
State of Idaho

*Attorneys for the Department of Insurance*

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

**STATE OF IDAHO**

In the Matter of:

COLUMBIAN MUTUAL LIFE  
INSURANCE COMPANY

Certificate of Authority No. 1860  
NAIC ID No. 62103

Docket No. 18-3069-15

**ORDER AUTHORIZING  
WITHDRAWAL FROM MEDICARE  
SUPPLEMENT MARKET**

On or about June 3, 2015, the Idaho Department of Insurance (Department) received from Mutual of Omaha Insurance Company a notice of the intent of COLUMBIAN MUTUAL LIFE INSURANCE COMPANY (COLUMBIAN) to withdraw from the Medicare Supplement market in Idaho, effective August 1, 2015, by discontinuing the availability of its Medicare Supplement plans, which are identified as policy form numbers MTC20-23548, MTC24-23549, and MTC25-23550. COLUMBIAN acknowledged that its withdrawal of Medicare Supplement policies from sale in Idaho will prohibit COLUMBIAN 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

COLUMBIAN's notice to the Department, pursuant to the requirements of IDAPA

18.01.54.030.04.b. COLUMBIAN further acknowledged that it will continue to service its existing in-force Medicare Supplement policies in Idaho, which, as of June 1, 2015, cover 198 Idaho insureds.

COLUMBIAN'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 COLUMBIAN is authorized to withdraw from the Medicare Supplement market in Idaho, effective August 1, 2015.

IT IS HEREBY FURTHER ORDERED, pursuant to IDAPA 18.01.54.030.04.b, that COLUMBIAN 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 June 3, 2020.

DATED this 10 day of July, 2015.

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 10<sup>th</sup> day of July, 2015, 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:

Columbian Mutual Life Insurance Company  
4704 Vestal Parkway East  
P.O. Box 1381  
Binghamton, NY 13902-1381

- first class mail
- certified mail
- hand delivery
- via facsimile
- via email

Mutual of Omaha Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175

- first class mail
- certified mail
- hand delivery
- via facsimile
- via email

Richard B. Burleigh  
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Idaho Department of Insurance  
700 W. State Street, 3<sup>rd</sup> Floor  
P.O. Box 83720  
Boise, ID 83720-0043

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- certified mail
- hand delivery
- via facsimile
- via email

  
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Pamela Murray