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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:

INDIVIDUAL ASSURANCE COMPANY,
LIFE, HEALTH & ACCIDENT

Certificate of Authority No. 1384
NAIC ID No. 81779

Docket No. 18-3374-17

**ORDER AUTHORIZING
WITHDRAWAL FROM MEDICARE
SUPPLEMENT MARKET**

On or about September 6, 2017, the Idaho Department of Insurance (“Department”) received from INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT (“INDIVIDUAL ASSURANCE”) 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.

INDIVIDUAL ASSURANCE acknowledged that its withdrawal of Medicare Supplement policies from sale in Idaho will prohibit INDIVIDUAL ASSURANCE 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

INDIVIDUAL ASSURANCE's notice to the Department, pursuant to the requirements of IDAPA 18.01.54.030.04.b. INDIVIDUAL ASSURANCE represented that it will continue to service and renew its existing in-force Medicare Supplement policies covering Idaho insureds.

INDIVIDUAL ASSURANCE'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 INDIVIDUAL ASSURANCE 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 INDIVIDUAL ASSURANCE 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 6, 2022.

DATED this 23 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 23rd 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:

Individual Assurance Company, Life, Health & Accident
P.O. Box 30685
Edmond, OK 73003-0012

- 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, 3rd Floor
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Boise, ID 83720-0043

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



Pamela Murray