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**FILED**  
**NOV 19 2018** *AM*  
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:

BROTHERHOOD MUTUAL INSURANCE  
COMPANY,

Certificate of Authority No. 3098  
NAIC No. 13528

Docket No. 18-3578-18

**ORDER PERMITTING DEVIATION  
FROM 2019 WORKERS'  
COMPENSATION RATES**

On or about October 9, 2018, the Idaho Department of Insurance (Department) received from BROTHERHOOD MUTUAL INSURANCE COMPANY (BROTHERHOOD MUTUAL), an Indiana-domiciled insurer licensed to transact workers' compensation insurance in the state of Idaho pursuant to Certificate of Authority No. 3098, and a member of the National Council on Compensation Insurance, Inc. (NCCI), a request for permission to deviate from the workers' compensation rates filed by the NCCI for 2019 by a uniform percentage decrease of six percent (6%).

BROTHERHOOD MUTUAL and the NCCI have each waived the right to a hearing on the deviation request.

The Department's Director (Director), having reviewed and being fully apprised of BROTHERHOOD MUTUAL's request to deviate from the Idaho workers' compensation premium rates filed by the NCCI for 2019, and the requirements of Idaho Code § 41-1614, has determined that the requested rate deviation is justified.

NOW, THEREFORE, IT IS HEREBY ORDERED, pursuant to Idaho Code § 41-1614, that BROTHERHOOD MUTUAL's request to deviate by a uniform percentage decrease of six percent (6%) from the workers' compensation rates filed by the NCCI for 2019, exclusive of terrorism and catastrophe rating values, is GRANTED. This deviation from the Idaho workers' compensation premium rates filed by the NCCI for 2019 shall take effect on January 1, 2019, and shall remain in effect for one year from that date unless terminated sooner with the approval of the Director.

DATED this 19<sup>th</sup> day of November, 2018.

STATE OF IDAHO  
DEPARTMENT OF INSURANCE



DEAN L. CAMERON  
Director

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that, on this 19<sup>th</sup> day of November, 2018, I caused a true and correct copy of the foregoing ORDER PERMITTING DEVIATION FROM 2019 WORKERS' COMPENSATION RATES to be served upon the following by the designated means:

Brotherhood Mutual Insurance Company  
Lydia Luedeke, Regulatory Specialist  
6400 Brotherhood Way  
P.O. Box 2227  
Fort Wayne, IN 46801-2227

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

National Council on Compensation Insurance  
Todd Johnson, State Relations Executive  
901 Peninsula Corporate Circle  
Boca Raton, FL 33487-1362

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

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Pamela Murray