

IDAPA 18 – IDAHO DEPARTMENT OF INSURANCE

Company Activities

18.07.10 – Corporate Governance Annual Disclosure

Who does this rule apply to?

This rule applies to all insurers and insurance groups conducting business in the state of Idaho.

What is the purpose of this rule?

The purpose of this rule sets procedures for filing and required content of the Corporate Governance Annual Disclosure (CGAD), necessary to carry out the provisions of Title 41, Chapter 64, Idaho Code.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statutes passed by the Idaho Legislature:

Insurance -

Department of Insurance:

- [41-02, et seq., Idaho Code](#) – The Department of Insurance
- Corporate Governance Annual Disclosure:
- [41-64, et seq., Idaho Code](#) – Corporate Governance Annual Disclosure

Who do I contact for more information on this rule?

Department of Insurance

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18.07.10 – CORPORATE GOVERNANCE ANNUAL DISCLOSURE

000. LEGAL AUTHORITY.

Title 41, Chapters 2 and 64, Idaho Code. (7-1-21)T

001. TITLE AND SCOPE.

01. Title. This rule is titled IDAPA 18.07.10, “Corporate Governance Annual Disclosure.” (7-1-21)T

02. Scope. This rule sets forth procedures for filing and the necessary content of the Corporate Governance Annual Disclosure (CGAD) to carry out the provisions of Title 41, Chapter 64, Idaho Code. (7-1-21)T

002. INCORPORATION BY REFERENCE.

The most recent National Association of Insurance Commissioners (NAIC) Financial Analysis Handbook (2016 Annual / 2017 Quarterly edition) is incorporated by reference into IDAPA 18.07.10. (7-1-21)T

003. – 009. (RESERVED)

010. DEFINITIONS.

01. Senior Management. Any corporate officer responsible for reporting information to the board of directors at regular intervals or providing this information to shareholders or regulators and will include, for example and without limitation, the chief executive officer (CEO), chief financial officer (CFO), chief operations officer (COO), chief procurement officer (CPO), chief legal officer (CLO), chief information officer (CIO), chief technology officer (CTO), chief revenue officer (CRO), chief visionary officer (CVO), or any other chief or “C” level executive. (7-1-21)T

011. FILING PROCEDURES.

01. Filing Deadline. An insurer, or the insurance group of which the insurer is a member, needs to file a CGAD by Title 41, Chapter 64, Idaho Code, no later than June 1 of each calendar year, submit to the director a CGAD that contains the information described in Section 012 of this rule. (7-1-21)T

02. Signature. The CGAD needs to include a signature of the insurer’s or insurance group’s chief executive officer or corporate secretary attesting to the best of that individual’s belief and knowledge that the insurer or insurance group has implemented the corporate governance practices and that a copy of the CGAD has been provided to the insurer’s or insurance group’s board of directors (board) or the appropriate committee thereof. (7-1-21)T

03. Format. The insurer or insurance group will have discretion regarding the appropriate format for providing the information prescribed by this rule and is permitted to customize the CGAD to provide the most relevant information necessary to permit the director to gain an understanding of the corporate governance structure, policies and practices utilized by the insurer or insurance group. (7-1-21)T

04. Providing Information. For purposes of completing the CGAD, the insurer or insurance group may choose to provide information on governance activities that occur at the ultimate controlling parent level, an intermediate holding company level or the individual legal entity level, depending upon how the insurer or insurance group has structured its system of corporate governance. The insurer or insurance group is encouraged to make the CGAD disclosures at the level at which the insurer’s or insurance group’s risk appetite is determined, or at which the earnings, capital, liquidity, operations, and reputation of the insurer are overseen collectively and at which the supervision of those factors are coordinated and exercised, or the level at which legal liability for failure of general corporate governance duties would be placed. If the insurer or insurance group determines the level of reporting based on these criteria, it will indicate which of the three criteria was used to determine the level of reporting and explain any subsequent changes in level of reporting. (7-1-21)T

05. Completion on Insurance Group Level. Notwithstanding Subsection 011.01, and as outlined in Section 41-6403, Idaho Code, if the CGAD is completed at the insurance group level, then it needs to be filed with the lead state of the group as determined by the procedures outlined in the most recent financial analysis handbook adopted by the NAIC. In these instances, a copy of the CGAD needs to also be provided to the chief regulatory official of any state in which the insurance group has a domestic insurer, upon request. (7-1-21)T

06. Referencing. An insurer or insurance group may comply with this section by referencing other existing documents (e.g., Own Risk Solvency Assessment (ORSA) summary report, holding company form B or F

filings, Securities and Exchange Commission (SEC) proxy statements, foreign regulatory reporting requirements, etc.) if the documents provide information that is comparable to the information described in Section 012. The insurer or insurance group will clearly reference the location of the relevant information within the CGAD and attach the referenced document if it is not already filed or available to the regulator. (7-1-21)T

07. Filing of Amended Versions. Each year following the initial filing of the CGAD, the insurer or insurance group will file an amended version of the previously filed CGAD indicating where changes have been made. If no changes were made in the information or activities reported by the insurer or insurance group, the filing should so state. (7-1-21)T

012. CONTENTS OF CORPORATE GOVERNANCE ANNUAL DISCLOSURE.

01. Detail. The insurer or insurance group will be as descriptive as possible in completing the CGAD, with inclusion of attachments or example documents that are used in the governance process, since these may provide a means to demonstrate the strengths of their governance framework and practices. (7-1-21)T

02. CGAD Considerations. The CGAD will describe the insurer's or insurance group's corporate governance framework and structure including consideration of the following: (7-1-21)T

a. The board and various committees thereof ultimately responsible for overseeing the insurer or insurance group and the level(s) at which that oversight occurs (e.g., ultimate control level, intermediate holding company, legal entity, etc.). The insurer or insurance group will describe and discuss the rationale for the current board size and structure; and (7-1-21)T

b. The duties of the board and each of its significant committees and how they are governed (e.g., bylaws, charters, informal mandates, etc.), as well as how the board's leadership is structured, including a discussion of the roles of chief executive officer (CEO) and chairman of the board within the organization. (7-1-21)T

03. Factors. The insurer or insurance group will describe the policies and practices of the most senior governing entity and significant committees thereof, including a discussion of the following factors: (7-1-21)T

a. How the qualifications, expertise and experience of each board member meet the needs of the insurer or insurance group. (7-1-21)T

b. How an appropriate amount of independence is maintained on the board and its significant committees. (7-1-21)T

c. The number of meetings held by the board and its significant committees over the past year as well as information on director attendance. (7-1-21)T

d. How the insurer or insurance group identifies, nominates and elects members to the board and its committees. The discussion should include, for example: (7-1-21)T

i. Whether a nomination committee is in place to identify and select individuals for consideration. (7-1-21)T

ii. Whether term limits are placed on directors. (7-1-21)T

iii. How the election and re-election processes function. (7-1-21)T

iv. Whether a board diversity policy is in place and if so, how it functions. (7-1-21)T

e. The processes in place for the board to evaluate its performance and the performance of its committees, as well as any recent measures taken to improve performance (including any board or committee training programs that have been put in place). (7-1-21)T

04. Additional Factors. The insurer or insurance group will describe the policies and practices for

directing senior management, including a description of the following factors: (7-1-21)T

a. Any processes or practices (i.e., suitability standards) to determine whether officers and key persons in control functions have the appropriate background, experience and integrity to fulfill their prospective roles, including: (7-1-21)T

i. Identification of the specific positions for which suitability standards have been developed and a description of the standards employed. (7-1-21)T

ii. Any changes in an officer's or key person's suitability as outlined by the insurer's or insurance group's standards and procedures to monitor and evaluate such changes. (7-1-21)T

b. The insurer's or insurance group's code of business conduct and ethics, the discussion of which considers, for example: (7-1-21)T

i. Compliance with laws, rules, and regulations; and (7-1-21)T

ii. Proactive reporting of any illegal or unethical behavior. (7-1-21)T

c. The insurer's or insurance group's processes for performance evaluation, compensation and corrective action to ensure effective senior management throughout the organization, including a description of the general objectives of significant compensation programs and what the programs are designed to reward. The description will include sufficient detail to allow the director to understand how the organization ensures that compensation programs do not encourage and/or reward excessive risk taking. Elements to be discussed may include, for example: (7-1-21)T

i. The board's role in overseeing management compensation programs and practices. (7-1-21)T

ii. The various elements of compensation awarded in the insurer's or insurance group's compensation programs and how the insurer or insurance group determines and calculates the amount of each element of compensation paid; (7-1-21)T

iii. How compensation programs are related to both company and individual performance over time; (7-1-21)T

iv. Whether compensation programs include risk adjustments and how those adjustments are incorporated into the programs for employees at different levels; (7-1-21)T

v. Any clawback provisions built into the programs to recover awards or payments if the performance measures upon which they are based are restated or otherwise adjusted; (7-1-21)T

vi. Any other factors relevant in understanding how the insurer or insurance group monitors its compensation policies to determine whether its risk management objectives are met by incentivizing its employees. (7-1-21)T

d. The insurer's or insurance group's plans for CEO and senior management succession. (7-1-21)T

05. Oversight. The insurer or insurance group will describe the processes by which the board, its committees and senior management ensure an appropriate amount of oversight to the critical risk areas impacting the insurer's business activities, including a discussion of: (7-1-21)T

a. How oversight and management responsibilities are delegated between the board, its committees and senior management; (7-1-21)T

b. How the board is kept informed of the insurer's strategic plans, the associated risks, and steps that senior management is taking to monitor and manage those risks; (7-1-21)T

c. How reporting responsibilities are organized for each critical risk area. The description should allow the director to understand the frequency at which information on each critical risk area is reported to and reviewed by senior management and the board. This description may include, for example, the following critical risk areas of the insurer: (7-1-21)T

- i. Risk management processes (An ORSA summary report filer may refer to its ORSA summary report pursuant to Title 41, Chapter 63, Idaho Code); (7-1-21)T
- ii. Actuarial function; (7-1-21)T
- iii. Investment decision-making processes; (7-1-21)T
- iv. Reinsurance decision-making processes; (7-1-21)T
- v. Business strategy/finance decision-making processes; (7-1-21)T
- vi. Compliance function; (7-1-21)T
- vii. Financial reporting/internal auditing; and (7-1-21)T
- viii. Market conduct decision-making processes. (7-1-21)T

013. – 999. (RESERVED)

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