



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

**CONNECTICUT INSURANCE DATA SECURITY LAW
ANNUAL CERTIFICATION FORM**

I hereby certify that _____ is duly organized
(Name of Insurer)
under the laws of the State of Connecticut and is in compliance with the requirements of the Insurance Data Security Law set forth in Conn. Gen. Stat. §38a-38(c). I hereby acknowledge that for examination purposes, the insurer named above shall maintain all records, schedules and data supporting this certificate for a period of 5 years. To the extent an insurer has identified areas, systems, or processes that require material improvement, updating, or redesign, the insurer shall document the identification and the remedial efforts planned and underway to address such areas, systems, or processes. Such documentation shall be available for inspection by the commissioner.

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this form have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation.

(Authorized Representative Signature)

(Printed Name)

Date: _____