



The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14
Concord, NH 03301

Telephone: 603-271-2261

Fax: 603-271-7066

TDD Access: Relay NH 1-800-735-2964

Email: consumerservices@ins.nh.gov

nh.gov/insurance

NEW HAMPSHIRE INSURANCE DATA SECURITY LAW INFORMATION SECURITY PROGRAM CERTIFICATION FORM

I hereby certify that (Name of Insurer) _____
is duly organized under the laws of the State of New Hampshire and is in compliance with the requirements of the Information Security Program set forth in RSA 420-P:4. 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)



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Notarization

STATE of _____
COUNTY of _____

This instrument was acknowledged before me this _____ (date) by
_____ (Name of person signing this document).

(SEAL)

(Notary Public Signature) _____

(Printed Name) _____

Commission Expires: _____