Fields of Opportunities

STATE OF IOWA

KIM REYNOLDS
GOVERNOR

CHRIS COURNOYER
LT. GOVERNOR

DOUG OMMEN
COMMISSIONER OF INSURANCE

IOWA INSURANCE DATA SECURITY LAW ANNUAL CERTIFICATION FORM

I hereby certify that _____ (Name of Insurer) is duly organized under the laws of the State of Iowa and is in compliance with the requirements of the Insurance Data Security Law set forth in Code of Iowa §507F.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)

NOTARIZATION

Personally appeared on this _____ day of _____, 20_____
_____ signer and sealer of the foregoing instrument, acknowledged same to be his/her free act and deed before me.

_____

(Notary Public Signature)

(SEAL)

_____

(Printed Name)

Commission Expires:_____

1963 BELL AVENUE / SUITE 100 / DES MOINES, IOWA 50315
Telephone 515-654-6600 / Facsimile 515-654-6500 / https://iid.iowa.gov

The executed form is due to the Iowa Insurance Division by April 15th. Submit the executed form to cybersecurityforms@iid.iowa.gov.