



**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)



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

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: _____