

THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT

Christopher R. Nicolopoulos
Commissioner



David J. Bettencourt
Deputy Commissioner

**NEW HAMPSHIRE INSURANCE DATA SECURITY LAW
INFORMATION SECURITY PROGRAM CERTIFICATION FORM**

I hereby certify that _____ is duly organized under the laws
(Name of the Insurer)
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)

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: _____