

THE STATE OF NEW HAMPSHIRE
INSURANCE DEP ARTMENT

Christopher R. Nicolopoulos
Commissioner



David J. Bettencourt
Deputy Commissioner

**NEW HAMPSHIRE INSURANCE DATA SECURITY LAW
EXCEPTION CERTIFICATION FORM**

Contact Information

Licensee:

NAIC #

Contact Name:

Title:

Phone:

Email:

Exceptions

_____ I certify that the above named licensee is in possession of protected health information subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and has established and maintains programs and procedures regarding information privacy, security, and breach notification that are prescribed by HIPAA and by Parts 160 and 164 of Title 45 of the Code of Federal Regulations established pursuant to HIPAA.

_____ I certify that the above named licensee is in compliance with N.Y. Comp. Codes R. & Regs. Title 23, section 500, Cybersecurity Requirements for Financial Services Companies, effective March 1, 2017.

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: _____