

## www.oid.ok.gov

Street Address: 400 NE 50th St., Oklahoma City, OK 73105 Telephone: (405) 521-2828 Email: OIDRegulatoryReporting@oid.ok.gov

## REPORT A CYBERSECURITY EVENT

Under the Oklahoma Insurance Data Security Act, licensees are required to report Cybersecurity Events to the Oklahoma Insurance Department in accordance with the requirements of 36 O.S. § 675.

# Section 1. Information of Entity Experiencing Cybersecurity Event Licensee Type: NAIC Code NPN# SBS# **FEIN Code** Name: Address 1: Address 2: Suite/Apt/Building: City: State: Zip: Telephone: Fax: Email Address: Section 2. Event Dates **Estimated Occurence** Estimated End **Date Discovered** Unknown Unknown Section 3. Event Type (Check all that apply)

Hackers/ Unauthorized Access

Improperly Disposed

Improperly Released/ Exposed/ Displayed

Lost During Move

Stolen Laptop(s)

Other

Data Theft by Employee/ Contractor

Computer and Equipment

Phishing

How was the information exposed,			e Cybersecurity Event, if known.
How was the Cybersecurity Event of	discovered?		
What actions are being taken to recacted accessed information been recover		ccessed information? Has any o	f the lost, stolen, or improperly
Section 5. Third-Party Involvement Did the Cybersecurity Event occur Cybersecurity Event or within the in	within the information / systems		
Section 6. Information Involved (	Check all that apply)		
Demographic Information	Health Information	Financial Information	Other
Was the electronic information invo	olved in the Cybersecurity Event	protected in some manner?	
Yes No	N/A It involved paper reco	ords only	
Describe the efforts being undertak	en to remediate the situation wh	ich permitted the Cybersecurity l	Event to occur
Section 7. Number of Individuals	/ Entities Affected		
Number affected nationally:		Unknown	
Number affected in Oklahoma:		Unknown	
Section 8. Business-Related Info		etails about the type(s) of data in	volved

**Section 9. Notification Requirements** 

Is a notice to impacted Oklahoma residents / entities required under Oklahoma or federal law?

Yes No Unknown

# Section 10. Law Enforcement Has a police report been filed? Has any regulatory, governmental, or other law enforcement agency been notified? (If yes, please attach documentation of report / notification unless already provided to OID.) Police Report: Yes No Will be responding on a subsequent date Regulatory Agency: Yes No Will be responding on a subsequent date Section 11. Contact Information of Individual Familiar with Cybersecurity Event and Authorized to Act on Behalf of the Licensee Name: Address 1: Address 2: Suite/Apt/Building: City: State: Zip: Fax: Telephone:

# Section 12. Attachments

Email Address:

The following Items should be submitted as email attachments with this form:

- A report of the results of any internal review identifying a lapse in either automated controls or internal procedures or confirming that all automated controls or internal procedures were followed;
- 2. A copy of the licensee's privacy policy; and
- 3. A statement outlining the steps the licensee will take to investigate and notify consumers affected by the Cybersecurity Event.

#### Section 13. Attestation

By signing the below, I swear, under penalties provided by the laws of Oklahoma, that I am authorized to submit this attestation on behalf of the Licensee listed above and that the information provided in this attestation is complete, true, and correct to the best of my knowledge. I further understand and agree that this form and certain information submitted to the OID under 36 O.S. §§ 673, 675, and 676 will be kept confidential and shall only disclosed in accordance with 36 O.S. § 677 or as required by applicable state and federal law.

Submitter Signature	Date	
Submitter Printed Name		
Title of Submitter		