



# OKLAHOMA INSURANCE DEPARTMENT

## **Insurance Data Security Act Attestation** *Due by April 15<sup>th</sup> each year pursuant to 36 O.S. § 673(I)*

Insurer's Name: \_\_\_\_\_

Insurer's Mailing Address: \_\_\_\_\_

Insurer's NAIC CoCode: \_\_\_\_\_

**Written Statement to be Filed Annually** — Pursuant to 36 O.S. § 673(I), annually, each insurer domiciled in this state shall submit to the Commissioner a written statement by April 15<sup>th</sup>, certifying that the insurer complies with the requirements set forth in 36 O.S. § 673. Each insurer shall maintain, for examination by the Insurance Department, all records, schedules, and data supporting this certificate for a period of five (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. The documentation shall be available for inspection by the Commissioner upon request.

### **OKLAHOMA DOMESTIC INSURER ATTESTATION**

- Yes, the Oklahoma domiciled insurer listed above is in compliance with all provisions of 36 O.S. § 673.
- No, the Oklahoma domiciled insurer named above is not in compliance with all provisions of 36 O.S. § 673. (A written letter of explanation must be attached and submitted with this form.)
- Not applicable. The above-listed insurer meets the following selected exception(s) per provisions of 36 O.S. § 678(B)(1):
  - Insurer has less than Five Million Dollars (\$5,000,000) in gross annual revenue.
  - Insurer is subject to the Health Insurance Portability and Accountability Act, Pub. L. 104-191, 110 Stat. 1936, as amended, and is in compliance with that Act.
  - Insurer is subject to Title V of the federal Gramm-Leach-Bliley Act of 1999, (15 U.S.C. §§ 6801-6809 and 6821-6827), and is in compliance with that Act.

**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 Insurer listed above and that the information provided in this attestation is complete, true, and correct to the best of my knowledge.**

Date: \_\_\_\_\_

Authorized Officer Signature \_\_\_\_\_

Authorized Officer Title: \_\_\_\_\_