



## Pennsylvania Insurance Data Security Act

### Information Security Program Annual Certification Form

Pursuant to section 4516 of the Pennsylvania Insurance Data Security Act (Act 2 of 2023), each insurer domiciled in this Commonwealth, who does not meet the exemption criteria listed in section 4532 of the Act, shall annually on or before April 15 submit a written certification to the Commissioner certifying that the insurer is in compliance with sections 4512, 4513, 4514, and 4515 of the Act.

#### Certification

I hereby certify that \_\_\_\_\_ (*Name of Insurer*) is duly organized under the laws of the Commonwealth of Pennsylvania and is in compliance with the requirements of sections 4512, 4513, 4514, and 4515 of the Pennsylvania Insurance Data Security Act. 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 Pennsylvania Insurance Department.

#### Signature

Pursuant to the requirements of Section 4516 of the Act, \_\_\_\_\_ (*Name of Officer*) has caused this Annual Certification Form to be duly signed on behalf of \_\_\_\_\_ (*Name of Insurer*) in the City of \_\_\_\_\_ and State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Title of Officer

The undersigned deposes and says the undersigned has duly executed the Annual Certification Form this \_\_\_\_\_ (*date*) for and on behalf of \_\_\_\_\_ (*Name of Insurer*); that the undersigned is the \_\_\_\_\_ (*Title of Officer*) of such company and is authorized to execute and file such instrument. Deponent further says that the undersigned is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of the undersigned's knowledge, information, and belief.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Name of Authorized Representative

Once complete, this form can be submitted via email to [RA-INdatasecurity@pa.gov](mailto:RA-INdatasecurity@pa.gov).