COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION, BUREAU OF INSURANCE DATA SECURITY ACT INFORMATION, SECURITY PROGRAM CERTIFICATION YEAR ENDED DECEMBER 31, _____

(Name of Insurer)	(NAIC #)
Virginia Code § 38.2-623 requires that each insurer domiciled in this Consubmit a written statement certifying that the insurer is in compliance withe Data Security Act as set forth in Virginia Code § 38.2-600, et seq. ur to § 38.2-629, as indicated below:	vith the requirements of
The above-identified Insurer is in compliance with the requirement Security Program as set forth in § 38.2-623 of the Code of Virginia and to Governing Insurance Data Security Risk Assessment and Reporting, 14 Vothe Virginia Administrative Code as of December 31 of the year indicate also acknowledges, for examination purposes, that all records, schedule this certificate will be maintained for a period of 5 years from Decembe indicated above.	he Commission's Rules 'AC 5-430-10 et seq. of d above. The Insurer es and data supporting
OR	
The above-identified Insurer certifies that it is subject to HIPAA armaintains an information security program pursuant to such statutes, reprocedures established thereunder and shall be considered to meet the 623, provided that the Insurer is compliant with and hereby certifies its same and certifies that it will protect nonpublic information not subject manner it protects information that is subject to HIPAA, and any such in cybersecurity event and notifies consumers in accordance with HIPAA a established rules, regulations or procedures shall be considered compliant requirements of §§ 38.624 and 38.2-626.	ules, regulations or requirements of § 38.2- compliance with the to HIPAA in the same surer that investigates a nd any HIPAA-
The above-identified Insurer is affiliated with a depository institute information security program in compliance with the Interagency Guide Standards for Safeguarding Customer Information (Interagency Guideline pursuant to §§ 501 and 505 of the federal Gramm-Leach-Bliley Act, P.L. considered to meet the requirements of § 38.2-623 and any rules, regule established thereunder, provided that the Insurer produces, upon requestatisfactory to the Commission that independently validates the affiliate institution's adoption of an information security program that satisfies the Guidelines.	elines Establishing nes) as set forth 106-102 and shall be ations, or procedures est, documentation ed depository

COMMONWEALTH OF VIGINIA STATE CORPORATION COMMISSION, BUREAU OF INSURANCE DATA SECURITY ACT INFORMATION, SECURITY PROGRAM CERTIFICATION YEAR ENDED DECEMBER 31, _____

Additional information should be attached/included below only if the insurer has identified areas, systems or processes that require material improvement, update, or redesign. Remedial efforts that are planned or underway that are to address the areas, systems, or processes must be documented in the Insurer's files and available for inspection by the Commissioner of Insurance.
The Insurer named has identified the following areas, systems or processes that require material improvement, update, or redesign:
AFFIRMATION
I affirm that the statements made in this certification have been examined by me and to the best of my knowledge and belief are true, accurate, and complete, and that I am authorized to execute this certification.
(Officer of the Company - Signature)
(Officer of the Company-Printed Name)

(Date signed)