



HAWAII INSURANCE DIVISION

Hawaii Insurance Data Security Law

Annual Certification Form

(Name of the Insurer and NAIC Number)

I, the undersigned, hereby certify that

(Name of Insurer)

is in compliance with the requirements of Part II of Act 112, Session Laws of Hawaii 2021. I hereby

acknowledge that for examination purposes,

(Name of Insurer)

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 requires 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 insurance commissioner.

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.

Signature

Date

Printed Name/Title

Contact Email/Phone Number