



## HAWAII INSURANCE DIVISION

### Hawaii Insurance Data Security Law

### Annual Certification Form

\_\_\_\_\_  
(Name of the Licensee and NAIC Number)

I, the undersigned, hereby certify that \_\_\_\_\_  
(Name of Insurer)

is in compliance with the requirements of Hawaii Revised Statutes Title 24, Chapter 431, Article 3B, Insurance Data Security Law §431:3B-208. I hereby acknowledge that for examination purposes, \_\_\_\_\_ shall maintain all records,

(Name of Insurer)

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