



"Strengthening competitive insurance markets while protecting Alaskans."

# STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

## Division of Insurance

InsuranceLicensing@Alaska.Gov

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333 Willoughby Avenue  
Juneau, AK 99811

**Juneau Mailing Address:**  
Division of Insurance  
PO Box 110805  
Juneau, AK 99811

**Anchorage Office:**  
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Division of Insurance  
Robert B. Atwood Building  
550 W 7th Avenue, Suite 1560  
Anchorage, AK 99501

Tel: 907.269.7900  
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## Report of Cybersecurity Event

Under Alaska Statute (AS) 21.23.280, the notification of a cybersecurity event applies to a licensee who is an insurer domiciled in Alaska, or is a licensee who is a producer whose home state is Alaska. Unless a federal law enforcement official instructs the licensee not to distribute information regarding a cybersecurity event, a licensee shall notify the Director as promptly as possible, that a cybersecurity event has occurred, but in no event later than three (3) business days after the date of the cybersecurity event. Submit the completed form to: insuranceinvestigations@alaska.gov

### PART 1 Information About Entity Experiencing Cybersecurity Event

<b>Name:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>NAIC CoCode:</b>	

### PART 2 Event Dates

<b>Date of Occurrence:</b>	
<b>Date Discovered:</b>	
<b>Date Ended:</b>	

### PART 3 Event Type (check all that apply)

Data Theft by Employee / Contractor	Phishing
Hackers / Unauthorized Access	Computer and Equipment
Improperly Released / Exposed / Displayed	Improperly Disposed
Lost During Move	Stolen Laptop(s)
Other:	

**PART 4****Circumstances Surrounding the Cybersecurity Event**

Complete this part if the cybersecurity event occurred within the information systems maintained by the licensed entity or individual reporting the cybersecurity event or within the information and/or systems maintained by a third-party service provider.

If you need more space to document the circumstances surrounding your cybersecurity event, please attach extra documentation as needed.

**How was the information exposed, lost, stolen, or accessed and identify the source of the event:**

**How was the Cybersecurity Event discovered?**

**What actions are being taken to recover lost, stolen or improperly accessed information?**

**Provide the results of the licensee's internal review identifying a lapse in either their automated controls or internal procedures, or confirming that the licensee followed all automated controls or internal procedures.**

**PART 5 Third-Party Involvement**

Complete this part if the cybersecurity event occurred within the information systems maintained by the licensed entity or individual reporting the cybersecurity event or within the information and/or systems maintained by a third-party service provider.

**Name of Third-Party Service Provider:**

**Description of the Third-Party Service Provider:**

**What were the specific roles and responsibilities of the Third-Party Service Provider?**

**PART 6 Information Involved (check all that apply)****Demographic Information:**

Name  
 Birth Date  
 Address  
 Mother's Maiden Name  
 Drivers License  
 Social Security Number  
 Passport

**Health Information:**

Medical Records  
 Lab Results  
 Medications  
 Treatment Information  
 Physician Notes

**Financial Information:**

Bank Account  
 Credit Card  
 Debit Card

**Other:**

Yes

No **Was the electronic information involved in the cybersecurity event protected in some manner?**

N/A

**Describe the efforts being undertaken to remediate the situation which permitted the cybersecurity event:**

**PART 7**      **Number of Entities and/or Individuals Affected**

Complete this part if the cybersecurity event occurred within the information systems maintained by the licensed entity or individual reporting the cybersecurity event or within the information and/or systems maintained by a third-party service provider.

**Number Affected Nationally:**

**Number Affected in Alaska:**

**PART 8**      **Business-Related Information**

If the licensee's own business data was involved, please provide details about the type(s) of data involved:

**PART 9**      **Notification Requirements**

**Is a notice to impacted persons and/or entities required under Alaska or Federal law?**

No

Yes, pursuant to AS 45.48, the notice was published on this date and a copy of it is attached:

Attach a copy of your privacy policy and a statement outlining the steps you will take to investigate and notify consumers affected by the cybersecurity event.

**PART 10**      **Law Enforcement**

**Has a police report been filed?**

No

Yes, a report was filed on this date and a copy of it is attached:

**Has any regulatory, governmental, or other law enforcement agency been notified?**

No

Yes, a report was filed on this date and a copy of it is attached:

**PART 11****Contact Information of Individual Authorized to Act on Behalf of the Licensee**

<b>Name:</b>	
<b>Title</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>NAIC CoCode:</b>	

**PART 12****Certification**

I attest, to the best of my knowledge, that in compliance with AS 21.23.280 (a) - (k) the information submitted on this form is true and correct to the best of my information and belief. By submitting this form, I acknowledge that I am authorized to submit this form on behalf of the licensee or company.

I further understand and agree that AS 21.23.290 (b) gives the Director the authority to use the documents, materials or other information furnished by a licensee or by someone acting on the licensee's behalf, in furtherance of a regulatory or legal proceeding and share or receive confidential documents under certain circumstances.

**Signature:****Date:**

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In accordance with AS 21.23.280(c), every 10 days a licensee shall update and supplement in a separate form, the information required under AS 21.23.280(b).