



"Strengthening competitive insurance markets while protecting Alaskans."

# STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

## Division of Insurance

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## Data Security Exemption Form

Certain licensees and insurers listed in Part 2 of this form may be exempt from the information security program requirements of Alaska Statute (AS) 21.23.250 and AS 21.23.260. If applicable, the information security program exemption certification to the Director shall be reported in this electronic form by February 15 of each year which will be available on the Division of Insurance's website. Submit the completed form to: [insuranceinvestigations@alaska.gov](mailto:insuranceinvestigations@alaska.gov)

### PART 1 Insurer Information

<b>Name of Licensee:</b>	
<b>NAIC CoCode:</b>	

### PART 2 Certification

I hereby certify that the above-named licensee is exempt from the Information Security Program requirements of Alaska Statute 21.23.300(a)(b) based on one or more of the following exemptions (check all that apply):

Having fewer than ten employees, including any independent contractors.

Being subject, and is in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) and has established and maintains an information security program pursuant to the statutes, rules, regulations, or guidelines established by HIPAA.

Being an employee, agent, representative, or designee of a licensee, who is also a licensee, to the extent that the employee, agent, representative, or designee is covered by the Information Security Program of the other licensee.

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.

<b>Printed Name:</b>	
<b>Title:</b>	
<b>Contact Email:</b>	
<b>Phone Number:</b>	

**Signature:**

**Date:**