



"Strengthening competitive insurance markets while protecting Alaskans."

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Insurance

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Update Report of Cybersecurity Event

In accordance with AS 21.23.280(c), after a licensee provides notice of a cybersecurity event to the director under AS 21.23.280(a), the licensee every 10 days shall update and supplement the required information provided under AS 21.23.280(b).

Submit the completed form to: insuranceinvestigations@alaska.gov

PART 1 Information About Entity Experiencing Cybersecurity Event

Name:	
Address:	
Phone Number:	
Email Address:	
NAIC CoCode:	

PART 2 Event Dates

Date of Occurrence:	
Date Discovered:	
Date Ended:	

PART 3 Updates and Supplemental Information

Provide updates and supplemental information pertaining to the required information listed in AS 21.23.280(b)(1-13).

PART 4**Certification**

I attest, to the best of my knowledge, that in compliance with AS 21.23.280(c) 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:**
