



MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

DAVID BROWNING
Deputy Commissioner of
Insurance

MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.ms.gov

MAILING ADDRESS
Post Office Box 79
Jackson, MS 39205-0079
TELEPHONE: (601) 359-3569
FAX: (601) 576-2568

Mississippi Insurance Data Security Law Information Security Program Certification Form

Pursuant to Miss. Code Ann. § 83-5-807(9), **each insurer domiciled in this state** who does not meet the exemption requirements pursuant to Miss. Code Ann. § 83-5-817, shall annually on or before February 15th submit a written statement to the Commissioner certifying that the insurer is in compliance with the Information Security Program requirements set forth in Miss. Code Ann. § 83-5-807. Please complete certification and attestation sections below:

Section 1 – Certification

I hereby certify that _____
(Name of the Insurer)

is duly organized under the laws of the State of Mississippi and is in compliance with the requirements of the Information Security Program set forth in Miss. Code Ann. § 83-5-807. I hereby acknowledge that for examination purposes, the insurer named above shall maintain all records, schedules and data supporting this certificate for a period of five (5) years. To the extent an insurer has identified areas, systems or processes that require 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 must be available for inspection by the Commissioner.

Section 2 – Attestation

I certify, to the best of my knowledge, that the information submitted on this form is true and correct. By submitting this form, I am acknowledging that I am duly authorized to submit this form on behalf of the licensee or insurer.

BY: _____

DATE: _____

PRINT NAME: _____

TITLE: _____