



LOUISIANA DEPARTMENT OF INSURANCE

Tim Temple  
COMMISSIONER

**Louisiana Insurance Data Security Law  
Information Security Program Certification Form**

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(Name of the Licensee and NAIC Number)

I, the undersigned, hereby certify that the above-named licensee is duly organized under the laws of the State of Louisiana and complies with the Information Security Program requirements of La. R.S. 22:2504.

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.

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Signature/Date

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Printed Name/Title

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Contact Email/Phone Number