



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON

COMMISSIONER

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

(Name of the Licensee and NAIC Number)

I, the undersigned, hereby certify that the above-named licensee is exempt from the Information Security Program (ISP) requirements of La. R.S. 22:2504 based on one or more of the following exemptions pursuant to La. R.S. 22:2509:

(Check all that apply)

_____ Having fewer than twenty-five employees.

_____ Having less than five million dollars in gross annual revenue.

_____ Having less than ten million dollars in year-end total assets.

_____ Being subject to the Health Insurance Portability and Accountability Act, P.L. 104-191, 110 Stat. 1936, and doing all of the following:

(1) Establishing and maintaining an ISP pursuant to any statutes, rules, regulations, procedures, or guidelines established pursuant to the Health Insurance Portability and Accountability Act.

(2) Complying with and submitting, upon request of the Commissioner of Insurance, a written statement certifying compliance with the ISP established and maintained pursuant to the Health Insurance Portability and Accountability Act.

_____ 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 ISP of the other licensee.

_____ Being affiliated with a depository institution subject to the Interagency Guidelines Establishing Information Security Standards pursuant to the Gramm-Leach-Bliley Act, 15 U.S.C.6801 and 6805, and doing all of the following:

- (1) Establishing and maintaining an ISP pursuant to any statutes, rules, regulations, procedures, or guidelines established pursuant to the Gramm-Leach-Bliley Act.
- (2) Complying with and submitting, upon request of the Commissioner of Insurance, a written statement certifying compliance with the ISP established and maintained pursuant to the Gramm-Leach-Bliley Act.

_____ Being subject to another jurisdiction approved by the Commissioner of Insurance and doing all of the following:

- (1) Establishing and maintaining an ISP pursuant to any statutes, rules, regulations, procedures, or guidelines established by another jurisdiction.
- (2) Complying with and submitting this written statement certifying its compliance with the ISP established and maintained pursuant to the guidelines established by another jurisdiction, to wit: _____.

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.

Signature/Date

Printed Name/Title

Contact Email/Phone Number