



KIM REYNOLDS  
GOVERNOR

DOUG OMMEN  
COMMISSIONER OF INSURANCE

CHRIS COURNOYER  
LT. GOVERNOR

**IOWA INSURANCE DATA SECURITY LAW ANNUAL CERTIFICATION FORM**

I hereby certify that \_\_\_\_\_ (Name of Insurer) is duly organized under the laws of the State of Iowa and is in compliance with the requirements of the Insurance Data Security Law set forth in Code of Iowa §507F.4. 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 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 shall be available for inspection by the commissioner.

**AFFIRMATION**

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.

\_\_\_\_\_

(Authorized Representative -Signature)

\_\_\_\_\_

(Printed Name)

**NOTARIZATION**

Personally appeared on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_ signer and sealer of the foregoing instrument, acknowledged same to be his/her free act and deed before me.

\_\_\_\_\_

(Notary Public Signature)

(SEAL)

\_\_\_\_\_

(Printed Name)

Commission Expires: \_\_\_\_\_

The executed form is due to the Iowa Insurance Division by April 15<sup>th</sup>. Submit the executed form to [cybersecurityforms@iid.iowa.gov](mailto:cybersecurityforms@iid.iowa.gov).