



MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
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 Exception Certification Form

Pursuant to Section 9 of Senate Bill 2831, certain exceptions shall apply to a Licensee concerning the provisions of Section 4 of SB 2831. The Licensee must indicate below which exceptions apply and certify that the exceptions are true and correct. **While a licensee may meet the exception provisions listed below, licensees must still comply with other provisions of the law, such as the reporting of cybersecurity events to the Commissioner.**

Section 1 - Exceptions

_____ A licensee may be exempt from the requirements provided in Sections 4, 5(3) and 6(4)(a) and (b) of the Act if the licensee meets any of the following criteria:

- _____ Has fewer than fifty (50) employees, excluding independent contractors;
- _____ Has less than Five Million Dollars (\$5,000,000.00) in gross annual revenue;
- _____ Has less than Ten Million Dollars (\$10,000,000.00) in year-end total assets; or,

_____ A Licensee that has established and maintains an information security program pursuant to the requirements of HIPAA will be considered to meet the requirements of Section 4 of the Act, provided the Licensee submits a written certification of its compliance with Section 4 of the Act.

_____ A Licensee affiliated with a depository institution that maintains an Information Security Program in compliance with the *Interagency Guidelines Establishing Standards for Safeguarding Customer Information* as set forth pursuant to sections 501 and 505 of the Gramm-Leach-Bliley Act (15 U.S.C. 6801 and 6805) shall be considered to meet the requirements of Section 4, provided that the Licensee produces, upon request, documentation satisfactory to the commissioner that independently validates the affiliated depository institution's adoption of an Information Security Program that satisfies the Interagency Guidelines.

Section 2 – Contact Information

Licensee:	
NAIC #	
Contact:	
Phone:	
Email:	

Section 3 – Attestation

I certify, to the best of my knowledge, that the information submitted on this form is true and correct to the best of my information and belief. By submitting this form, I am acknowledging that I am authorized to submit this form on behalf of the licensee or company. I further understand and agree that Section 8 of SB 2831 affords confidential treatment to certain information submitted to the MID in accordance with the provisions of SB 2831. However, I understand that under state or federal law, the MID may be required to release statistical or aggregate information provided in this cybersecurity event notification. I acknowledge that copies of consumer notices may also be made available via the Department's website and the Department may also make available summary information related to cybersecurity events requiring public notification such as the identity of the licensee or third-party service provider, the number of individuals affected, the actions taken by the licensee to remedy the cybersecurity event and services available to consumers. I understand that Section 8 of SB 2831 also gives the Commissioner the authority to use the documents, materials or other information furnished by a licensee or someone acting on the licensee's behalf in furtherance of regulatory or legal actions brought as a part of his duties.

BY: _____

DATE: _____

TITLE: _____