

OFFICE OF THE
COMMISSIONER



STATE OF DELAWARE
DEPARTMENT OF INSURANCE

**AFFIDAVIT
INSURANCE DATA SECURITY ACT**

I, _____, in my capacity as _____
(Name) (Title)

of _____ hereby certify that
(Group or Company Name)

_____ is in compliance with [18 Del. Chapter 86](#).
(Group Name & Number OR Company Name & NAIC Number)

In the event of a cybersecurity event, _____ will notify
(Group or Company Name)

the Commissioner as promptly as possible but in no later than 3 business days from the licensee's
determination that a cybersecurity event has occurred pursuant to [18 Del. C. § 8606](#).

DATED this _____ day of _____, 20____

(Signature)

STATE OF _____

COUNTY OF _____

Personally appeared before me the above named _____,
personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and
that the statements and answers contained therein, are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____

(Notary Public)

(SEAL) My commission expires: