

## Information Security Program Annual Certification

Due February 15 of each year, beginning February 15, 2022. Pursuant to MCL 500.555(9), each insurer-licensee domiciled in Michigan shall submit to the Director a written statement certifying that the insurer is in compliance with the requirements under MCL 500.555 unless an exception applies to the insurer-licensee.

Name of the Licensee:	NAIC Code:
-----------------------	------------

Complete the certification and attestation sections below:

### Certification

I certify that \_\_\_\_\_

(Name of Licensee)

is duly organized under the laws of the State of Michigan and is in compliance with the requirements of the Information Security Program pursuant to MCL 500.555. I acknowledge that for examination purposes, the licensee named above shall maintain all records, schedules, and data supporting this certificate for a period of five (5) years. To the extent the licensee has identified areas, systems, or processes that require material improvement, updating, or redesign, the licensee shall document the identification and the remedial efforts planned and underway to address such areas, systems, or processes. This information must be available for inspection by the Director.

### Attestation

I certify, to the best of my knowledge and belief, 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 of licensee's authorized representative

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Authorized representative's name and title (print or type)

Point of Contact (may be different than the Authorized Representative):	Phone Number with Area Code:	Email Address:
---	------------------------------	----------------

Please send completed form to email address: [DIFS-Cybersecurityforms@Michigan.gov](mailto:DIFS-Cybersecurityforms@Michigan.gov). Alternatively, the completed form can be mailed to the following address:

Department of Insurance and Financial Services  
Office of Insurance Licensing and Market Regulation  
P.O. Box 30220  
Lansing, Michigan 48909-7720

Authorized under Section 555 of the Insurance Code of 1956, 1956 PA 218, MCL 500.555. Compliance is required for insurer-licensees domiciled in Michigan unless an exception applies to the insurer-licensee. Failure to properly complete and file this form may result in a compliance action against the insurer-licensee.



**Michigan Department of Insurance and Financial Services**

DIFS is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: [www.michigan.gov/difs](http://www.michigan.gov/difs) Phone DIFS toll-free at: 877-999-6442