



"Strengthening competitive insurance markets while protecting Alaskans."

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Insurance

Email: Insurance@Alaska.Gov

Website: Insurance.Alaska.Gov

Tel: 907.465.2515 • Fax: 907.465.3422

Juneau Physical Address:
State Office Building, 9th Floor
333 Willoughby Avenue
Juneau, AK 99811

Juneau Mailing Address:
Division of Insurance
PO Box 110805
Juneau, AK 99811

Anchorage Office:
(Physical and Mailing Address)

Division of Insurance
Robert B. Atwood Building
550 W 7th Avenue, Suite 1560
Anchorage, AK 99501

Tel: 907.269.7900
Fax: 907.269.7910

Report of Cybersecurity Event

Under Alaska Statute (AS) 21.23.280, the notification of a cybersecurity event applies to a licensee who is an insurer domiciled in Alaska, or is a licensee who is a producer whose home state is Alaska. Unless a federal law enforcement official instructs the licensee not to distribute information regarding a cybersecurity event, a licensee shall notify the Director as promptly as possible, that a cybersecurity event has occurred, but in no event later than three (3) business days after the date of the cybersecurity event. Submit the completed form to: insuranceinvestigations@alaska.gov

PART 1 Information About Entity Experiencing Cybersecurity Event

Name:	
Address:	
Phone Number:	
Email Address:	
NAIC CoCode:	

PART 2 Event Dates

Date of Occurrence:	
Date Discovered:	
Date Ended:	

PART 3 Event Type (check all that apply)

Data Theft by Employee / Contractor	Phishing
Hackers / Unauthorized Access	Computer and Equipment
Improperly Released / Exposed / Displayed	Improperly Disposed
Lost During Move	Stolen Laptop(s)
Other:	

PART 4**Circumstances Surrounding the Cybersecurity Event**

Complete this part if the cybersecurity event occurred within the information systems maintained by the licensed entity or individual reporting the cybersecurity event or within the information and/or systems maintained by a third-party service provider.

If you need more space to document the circumstances surrounding your cybersecurity event, please attach extra documentation as needed.

How was the information exposed, lost, stolen, or accessed and identify the source of the event:

How was the Cybersecurity Event discovered?

What actions are being taken to recover lost, stolen or improperly accessed information?

Provide the results of the licensee's internal review identifying a lapse in either their automated controls or internal procedures, or confirming that the licensee followed all automated controls or internal procedures.

PART 5 Third-Party Involvement

Complete this part if the cybersecurity event occurred within the information systems maintained by the licensed entity or individual reporting the cybersecurity event or within the information and/or systems maintained by a third-party service provider.

Name of Third-Party Service Provider:

Description of the Third-Party Service Provider:

What were the specific roles and responsibilities of the Third-Party Service Provider?

PART 6 Information Involved (check all that apply)**Demographic Information:**

Name
 Birth Date
 Address
 Mother's Maiden Name
 Drivers License
 Social Security Number
 Passport

Health Information:

Medical Records
 Lab Results
 Medications
 Treatment Information
 Physician Notes

Financial Information:

Bank Account
 Credit Card
 Debit Card

Other:

Yes

No **Was the electronic information involved in the cybersecurity event protected in some manner?**

N/A

Describe the efforts being undertaken to remediate the situation which permitted the cybersecurity event:

PART 7 **Number of Entities and/or Individuals Affected**

Complete this part if the cybersecurity event occurred within the information systems maintained by the licensed entity or individual reporting the cybersecurity event or within the information and/or systems maintained by a third-party service provider.

Number Affected Nationally:

Number Affected in Alaska:

PART 8 **Business-Related Information**

If the licensee's own business data was involved, please provide details about the type(s) of data involved:

PART 9 **Notification Requirements**

Is a notice to impacted persons and/or entities required under Alaska or Federal law?

No

Yes, pursuant to AS 45.48, the notice was published on this date and a copy of it is attached:

Attach a copy of your privacy policy and a statement outlining the steps you will take to investigate and notify consumers affected by the cybersecurity event.

PART 10 **Law Enforcement**

Has a police report been filed?

No

Yes, a report was filed on this date and a copy of it is attached:

Has any regulatory, governmental, or other law enforcement agency been notified?

No

Yes, a report was filed on this date and a copy of it is attached:

PART 11**Contact Information of Individual Authorized to Act on Behalf of the Licensee**

Name:	
Title	
Address:	
Phone Number:	
Email Address:	
NAIC CoCode:	

PART 12**Certification**

I attest, to the best of my knowledge, that in compliance with AS 21.23.280 (a) - (k) the information submitted on this form is true and correct to the best of my information and belief. By submitting this form, I acknowledge that I am authorized to submit this form on behalf of the licensee or company.

I further understand and agree that AS 21.23.290 (b) gives the Director the authority to use the documents, materials or other information furnished by a licensee or by someone acting on the licensee's behalf, in furtherance of a regulatory or legal proceeding and share or receive confidential documents under certain circumstances.

Signature:**Date:**

In accordance with AS 21.23.280(c), every 10 days a licensee shall update and supplement in a separate form, the information required under AS 21.23.280(b).