



Jim Donelon  
Commissioner of Insurance

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## REPORT A CYBERSECURITY EVENT

Pursuant to La. R.S. 22:2506, when certain criteria are met, a licensee shall notify the LDI without unreasonable delay but no later than three business days from the determination that a cybersecurity event has occurred.

### Section 1 - Licensee Experiencing Cybersecurity Event (Complete all that apply)

License Type

LDI License Number

NAIC Number

National Producer Number (NPN)

Licensee Name

Address

Suite/Apt/Building

City, State, Zip Code

Telephone

Fax

Email Address

## Section 2 - Event Type (Check all that apply)

Data Theft by Employee/Contractor

Unauthorized Access/Hacker

Lost During Move

Phishing

Improperly Released/Exposed/Displayed

Stolen Laptop(s)

Computer and Equipment

Improperly Disposed

Ransomware

Other (please describe)

## Section 3 - Event Dates

Estimated Date Event Began

Estimated Date Event Ended

Date Event Discovered

Unknown

Unknown

## Section 4 - Circumstances Surrounding the Cybersecurity Event

How was the information exposed, lost, stolen or accessed? Identify the cause of the cybersecurity event, if known.

How did you discover the cybersecurity event?

What actions are you taking to recover lost, stolen or improperly accessed information?

## Section 5 - Third-Party Involvement

Did the cybersecurity event involve a third-party service provider?

Yes

No

Name of the third-party service provider

Describe the involvement and roles and responsibilities of the third-party service provider

**Section 6 - Information Involved (Check all that apply)**

**Biographic Information**

Name  
Date of Birth  
Address  
Mother's Maiden Name  
Driver's License  
Social Security Number  
Passport  
Other

**Health Information**

Medical Records  
Lab Results  
Medications  
Treatment Information  
Physician's Notes  
Other

**Financial Information**

Bank Account Information  
Credit Card  
Debit Card  
Other

Other Information Involved (please describe)

Was the nonpublic information involved in the cybersecurity event protected in some manner?

Yes      No

Describe the remediation efforts to date addressing the cause of the cybersecurity event?

**Section 7 - Number of Consumers Affected**

Number affected nationally  Unknown  
Number affected in Louisiana  Unknown

**Section 8 - Business-Related Information**

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

**Section 9 - Notification Requirements**

Have you sent any notice to consumers regarding the cybersecurity event? If a copy of notice has not been provided to the LDI, attach in Section 12.

Yes      No

If yes, provide notification date

## Section 10 - Law Enforcement and Regulatory Agencies

Have you filed a police report or notified any law enforcement agency? Have you notified any government body, self-regulatory agency or other supervisory body? (Attach documents in Section 12, unless already provided)

Police Report:    Yes        No  
If yes, provide notification date

Regulatory Agency:    Yes        No  
If yes, provide notification date

## Section 11 - Contact Information of Individual with Knowledge of Cybersecurity Event and Authorized to Act on Behalf of the Licensee

First Name

Middle Name

Last Name

Title

Entity Name if Different from Licensee Name

Address

Suite/Apt/Building

City, State, Zip Code

Telephone

Fax

Email Address

## Section 12 - Attachments

Provide attachments relative to the following:

1. Report of internal review identifying a lapse in automated controls or internal procedures or confirming that they were followed.
2. Outline of the steps the licensee will take to investigate and notify consumers affected by the cybersecurity event.
3. Notification to affected Louisiana consumers from Section 9 (if not already provided to the LDI).
4. Documentation from Section 10 (if not already provided to the LDI).
5. Any additional correspondence.

**Include available attachments with the completed PDF form and send to: [Cyber.Report@ldi.la.gov](mailto:Cyber.Report@ldi.la.gov)**

## Section 13 - Attestation

- I attest that the information submitted on this form is true and correct to the best of my knowledge, information and belief.
- I am authorized to submit this form on behalf of the licensee.
- I understand that La. R.S. 22:2508 affords confidential treatment to certain information submitted to the LDI in accordance with the provisions of the Insurance Data Security Law (La. R.S. 22:2501, et seq.). However, I understand that under state or federal law, the LDI may be required to release statistical or aggregate information provided in this cybersecurity event notification.
- I understand that copies of consumer notices may be made available via the LDI website and the LDI may 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 La. R.S. 22:2508 also gives the LDI 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.

YES

**Send completed PDF form and attachments listed in Section 12 to: [Cyber.Report@ldi.la.gov](mailto:Cyber.Report@ldi.la.gov)**