

Available in alternative
format upon request

Power of Attorney for Chief Agent in Canada

(To be completed by Canadian Insurers and Provincially Registered Insurers)

To the Superintendent of Insurance,

Insurer, wishes to appoint as its Chief Agent in Canada

Name of representative: _____

Title of representative: _____

Business Address: _____

Tel: _____ Fax: _____

Email: _____

The insurer expressly designates its Chief Agent in Canada as the person to whom all processes and legal notices served on the Superintendent of Insurance, as attorney for the said Company, are to be sent pursuant to *“The Insurance Act”*.

Dated at _____ in the Province of _____

this _____ day of _____ A.D. 20 _____.

(Signature of Authorized Officer of the company)

(Title)

* **Mail to:** Superintendent of Insurance, 500-400 St. Mary Avenue, Winnipeg, Manitoba, Canada R3C 4K5
OR email to insurance@gov.mb.ca