Notice of Appointment of Manitoba Chief Agent or Resident Manager

To the Superintendent of Insur	ance,				
Insurer, wishes to appoint as it	s Manitoba Cl	hief Agent or Re	esident Manage	er in Manitoba:	
Name of representative:					
Title of representative:					
Business Address:					
	Tel:			Fax:	
The insurer expressly designate processes and legal notices ser are to be sent pursuant to "The	ved on the Su	perintendent of			
Dated at		in the Prov	vince of		
this day o	f	A.D	·		
(Signature of Authorized Office	er of the com	pany)	(Title)		
*Mail to: Superintendent of In	surance, 1115	-405 Broadway,	, Winnipeg, M	anitoba, Canada R3	C 3L6