

**LIMITED POWER OF ATTORNEY FOR
PURPOSE OF REGULATORY FILINGS**

TO: Minnesota Department of Commerce, Insurance Product Filing Unit

RE: Workers' Compensation Rating Plan Filings

Effective Date: _____

This limited power of attorney is filed on behalf of the following insurers licensed to write workers' compensation in Minnesota.

The above insurers hereby designate and appoint the Minnesota Workers' Compensation Insurers Association, Inc. (MWCIA) as their attorney-in-fact for the following limited purposes only.

(a) To file with the Minnesota Department of Commerce in the name and on behalf of each of the above named insurers all rating plan filings and modifications filed by MWCIA with the Department of Commerce and approved by the Department for use in Minnesota.

(b) This limited power of attorney does not apply to any filings made by one or more of the above insurers which further modify or elect not to use any of the filings made by the MWCIA and does not apply to rate schedules filed by the insurers. Such individual insurer filings are filed as an exception to the MWCIA filed plans and those filings, together with individual insurer rates upon approval by the Department of Commerce or as provided by statute, will supersede any applicable MWCIA filings.

(c) This limited power of attorney is filed to effect partial compliance with Minn. Stat. §79.56, subd. 1 ("each insurer shall file with the commissioner a complete copy of its rates and rating plan, and all changes and amendments thereto") and for no other purpose. The authority granted by this document is specifically and explicitly limited to that purpose and may be withdrawn at any time by the above named insurers upon written notice to the Department of Commerce and the MWCIA.

(d) The above named insurers specifically acknowledge that each filing must be in conformance with the filing procedures of the Minnesota Department of Commerce and must be accompanied by a filing fee where appropriate. Each insurer acknowledges that it has the individual liability to assure that each and every filing complies with its obligations under applicable Minnesota law. This document does not shift these obligations to the MWCIA. Neither the above named insurers nor the Department should look to the MWCIA as a guarantor that these obligations are met. Under this limited power of attorney, the MWCIA serves solely as the empowered filing agent for the above named insurers.

Signature

Print Name

Title

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this

_____ date of _____, 20__.

Notary Public

cc : Minnesota Workers' Compensation Insurers Association, Inc.
7701 France Avenue South, Suite 450
Edina, MN 55435-3203