

DECISION
of the
LIFE INSURANCE COUNCIL OF MANITOBA
(“Council”)
Respecting
JORY MICHAEL LAMB
(“Former Licensee”)

INTRODUCTION

The Life Insurance Council of Manitoba (“Council”) derives its authority from *The Insurance Act* C.C.S.M. c. 140 (the “Act”) and the *Insurance Councils Regulation 227/91*.

In response to information received by Council, an investigation was conducted pursuant to sections 375(1) and 396.1(7)(e) of the *Act* and section 7(2)(e) of *Regulation 227/91*. The purpose of the investigation was to determine whether the Former Licensee’s activity violated the *Act*, its *Regulations*, and/or the Life Insurance and Accident and Sickness Agent’s Code of Conduct (the “Code of Conduct”).

During the investigation, the Former Licensee was notified of relevant information and was provided an opportunity to make submissions.

On March 12, 2025, during a meeting of Council, the information and evidence compiled during the investigation was presented and reviewed. Upon assessment of the evidence, Council determined its Intended Decision.

As part of its Intended Decision, Council informed the Former Licensee that he may request a Hearing to dispute Council’s determinations and penalty/sanction. The Former Licensee failed to respond to Council’s notice and did not notify Council of a request for a Hearing to dispute Council’s determination and the imposed penalty/sanction.

Pursuant to section 375(1) of the *Act* and section 7(2)(e) of *Regulation 227/91*, the Council hereby renders its Decision and corresponding reasons.

ISSUES

1. Did the Former Licensee violate the *Act* and *Code of Conduct* when he:

- a. falsified information on Accident and Sickness (“A&S”) insurance applications, including banking details, email addresses, phone numbers, mailing addresses, and applicant’s signatures;
- b. submitted applications containing falsified information to the Insurer, including banking details, email addresses, phone numbers, mailing addresses, and signatures; and
- c. failed to respond to the Insurance Council of Manitoba (ICM) during the course of an investigation?

FACTS AND EVIDENCE

- 1. The Former Licensee held an A&S licence with the relevant insurance company (the “Insurer”) from July 26, 2012, to May 1, 2023, and held both Life and A&S licenses with another insurance company, from July 20, 2017, until December 19, 2017.
- 2. On May 1, 2023, and May 10, 2023, the ICM received a Termination Notice from the Insurer which indicated that the Former Licensee’s employment was terminated for cause and clarified that the Former Licensee had submitted multiple applications for nonexistent people, invalid phone numbers, mailing addresses and bank accounts.
- 3. On December 24, 2024, the Insurer’s Field Compliance Investigator provided Council’s Former Investigator with their internal investigation, dated April 28, 2023, along with supporting evidence, including copies of submitted applications (the “submitted evidence”). The submitted evidence indicated that:
 - a. The Former Licensee’s production was flagged due to significantly poor persistency rates – the percentage of policies submitted but not successfully billed - for policies sold between November 2022 to April 2023. The Former Licensee’s second month persistency rate for that period was 10%, far below the Insurer’s standard.
 - b. Between November 2022 and April 2023, the Former Licensee submitted multiple A&S insurance applications for the following eight (8) Manitoban applicants:
 - i. Applicant A
 - ii. Applicant B
 - iii. Applicant C
 - iv. Applicant D

- v. Applicant E
 - vi. Applicant F
 - vii. Applicant G
 - viii. Applicant H
- c. Applications for Applicants A, B, C, D, E, and F were submitted with invalid banking information. The banking information submitted by the Former Licensee appeared to be almost identical, and there was strong suspicion by the Insurer that the Former Licensee typed numbers onto an electronic device and *“uploaded”* the information with the Insurer’s *“image capture”* feature.
 - d. Applications for Applicants G and H were submitted with valid banking information; however, *“stop payment”* notifications were received from the applicants immediately after the sale.
 - f. The Needs Analysis forms for all eight (8) applicants were electronically initialled *“DS”*, which did not match the applicants’ names and were inconsistent with the initials provided for the purpose of receiving policies and related documents digitally.
 - g. Two (2) insurance applications and one (1) Preauthorized Payment Plan form for Applicant A were wet signed with the initial *“DS”*, which did not match the applicant’s name or the initials *“RE”* that the applicant had provided for digital delivery purposes.
 - i. Emails sent by the Insurer’s Field Compliance Investigator to Applicants A, B, C, D, E, and F received no responses. The Insurer determined that the email addresses were invalid.
 - j. The phone number listed for Applicant A was linked to a grocery store. The individual who answered the phone number listed for Applicant C confirmed they were not the applicant and did not know the applicant.
 - k. The Former Licensee failed to return any calls/emails from the Sales Administration department and would not make himself available for an interview with the Insurer’s Investigator.
4. It was the Insurer’s position that the Former Licensee utilized the digital sales process to create false emails for applicants in order to receive a company generated email. This email contained a Personal Identification Number (“PIN”), and the Former Licensee used that PIN to digitally sign for the applicants without their knowledge or consent.

5. A “*Digital Signature Certificate*” was generated for each electronically submitted application. The certificate indicated the name of the signatory, was date and time stamped, and included the applicant’s IP Address. The purpose of the certificate was to provide a confirmation of signature on insurance policy application(s) and related forms signed digitally. The Insurer conducted an IP Address trace and determined that:
 - a. Applicants A, B, C and G indicated residences in St. Anne, Winnipeg, Steinbach, and Birtle, respectively. However, their digital signature certificates indicated that all applications for these applicants were signed from the same IP address – [redacted].
 - b. The IP address [redacted] was associated with a temporary residence of the Former Licensee in Brandon, Manitoba.
6. By email dated November 8, 2024, Council’s Investigator notified the Former Licensee of the Insurer’s allegations and requested a response by November 15, 2024.
7. By email dated January 24, 2025, another Investigator at ICM advised the Former Licensee that the ICM had not receive his response by the November 15, 2024, deadline and provided another opportunity to obtain his response regarding the Insurer’s allegations. A new deadline of January 30, 2025, was provided.
8. The Former Licensee failed to provide a response to Council’s Investigator within the January 30, 2025, deadline.
9. On February 13, 2025, Council’s Investigator attempted to contact the applicants listed on the applications by telephone. Of the eight (8) phone numbers, five (5) were unallocated/unassigned, one (1) was invalid, one (1) rang with no response or return call, and one (1) did not match the applicant information provided on the application. In addition to the phone calls, the Investigator emailed the applicants, and did not receive a response. A Google and Canada Post search of the addresses listed revealed that five (5) of the addresses could not be found.

ANALYSIS AND DETERMINATIONS

Section 375(1) Investigation by superintendent, etc., of the *Act* states as follows:

If, after due investigation by the superintendent and after a discipline hearing, if a hearing is required under the regulations, the superintendent determines that the holder or former holder of an insurance agent licence

(a) has been guilty of misrepresentation, fraud, deceit or dishonesty;

(b) has violated any provision of this Act or any rule or regulation under this Act;

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(e) has demonstrated his or her incompetency or untrustworthiness to transact the business of insurance agency for which the licence was granted;
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the superintendent may take one or more of the actions set out in subsection (1.1).

Section 375(1.1) Disciplinary actions by the superintendent, of the *Act* states that:

For the purposes of subsection (1), the superintendent may do one or more of the following after giving a notice of decision in writing to the licence holder or former licence holder:

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(c) subject to the regulations, impose a fine on the licence holder or former licence holder and fix a date for the payment of the fine;

(d) subject to the regulations, require that the licence holder or former licence holder pay some or all of the costs of the investigation and, where applicable, of the hearing and fix a date for the payment of the costs assessed.

In accordance with section 4 (Professionalism) of the *Code of Conduct*, agents must discharge their duties to their clients, members of the public, fellow agents or brokers, and insurers with honesty, integrity, fairness, due diligence and skill. Professionalism means that agents will adhere to all standards required under the law and regulation, while striving to achieve insurance industry's best practices.

In accordance with section 9 (Dealing with the Insurance Council of Manitoba) of the *Code of Conduct*, agents must respond promptly and honestly, with full disclosure, to inquiries from the Insurance Council of Manitoba.

The investigation uncovered multiple instances of the Former Licensee's misconduct. He completed and submitted multiple applications for eight (8) applicants, of which six (6) had invalid banking information, seven (7) had invalid or unallocated phone numbers, five (5) had mailing addresses that could not be verified, and eight (8) had email addresses to which no response was received.

In addition, several applications were digitally signed from the same IP address, traced by the Insurer to a location in Brandon, Manitoba, reportedly linked to the Former Licensee's temporary residence. This raises concerns about the authenticity of the applicants' digital signatures, and by extension, the validity of the applications themselves.

The Former Licensee's actions indicate a clear and intentional pattern of deceit, intended to obtain compensation from the Insurer through the submission of fraudulent applications. Submitting applications containing knowingly false contact and banking information violates the fundamental duty of licensees to act with honesty and in good faith. This conduct constitutes a serious breach of the ethical, legal and professional standards expected of individuals licensed to engage in the business of insurance in Manitoba.

By providing false or misleading information on applications, the Former Licensee engaged in conduct contrary to sections 375(1)(a), 375(1)(b), 375(1)(e) of the *Act*, as well as sections 4 (Professionalism) of the *Code of Conduct*.

Such actions undermine the integrity of the insurance industry and compromise public confidence in the regulatory framework that exists to protect consumers. The Former Licensee's conduct is wholly inconsistent with the standards of professionalism, trustworthiness, and accountability demanded by the industry.

During the course of the investigation, when asked by Council's Investigator to provide a response to the allegations, the Former Licensee failed to do so. Pursuant to the *Act* and *Code of Conduct*, Council holds the authority to require full cooperation during an investigation. Failure to respond within the specified timeframe may, in and of itself, constitute a breach subject to disciplinary action, irrespective of whether additional violations are identified.

Based on the information and evidence reviewed, Council concluded that the Former Licensee violated sections 375(1)(a) has been guilty of misrepresentation, fraud, deceit or dishonesty, 375(1)(b) any violation of any provision of the *Act* or any rule or regulation under the *Act*, and 375(1)(e) has demonstrated his or her incompetency or untrustworthiness to transact the business of insurance agency for which the licence was granted, of the *Act*; and sections 4 (Professionalism) and 9 (Dealing with the Insurance Council of Manitoba), of the *Code of Conduct*, and that disciplinary action is warranted.

PENALTY AND FINAL DECISION

Council's Decision dated October 8, 2025, was delivered to the Former Licensee by registered mail on October 16, 2025. The Decision outlined the foregoing background, analysis and conclusions on a preliminary basis. Having regards to its initial determination that the foregoing violations had occurred, Council imposed the following reprimand and sanction pursuant to sections 375(1.1)(c) and 375(1.1)(d) of the *Act* and section 7(1) of *Regulation 227/91*:

1. The Former Licensee was fined of \$5,000.00 and assessed investigation costs of \$5,000.00.

Pursuant to section 389.0.1(1) of the Act, the Former Licensee had the right to appeal this Decision within twenty-one (21) days of receipt. The Former Licensee was advised of this right in the Decision and was provided with the Notice of Appeal form, in accordance with section 389.0.1(2) of the Act. As an appeal was not requested in this matter, this Decision of Council is final.

In accordance with Council's determination that publication of its Decisions are in the public interest, this Decision is published, in accordance with sections 7.1(1) and 7.1(2) of Regulation 227/91.

Dated in Winnipeg, Manitoba on the 26th day of November 2025.