

FORM E
CONSENT TO JURISDICTION STATEMENT

Filed with the office of the commissioner of insurance,
of the state of Wisconsin

BY

Interstate Alliance, Inc.

On Behalf of the Following Insurers

MercyCare Insurance Company
MercyCare HMO, Inc.
3430 Palmer Road
P.O. Box 550
Janesville, WI 53547-2770

Date: December 24, 2014

Name, Title, Address and Telephone Number of Individual to Whom Notices and Correspondence Concerning this Statement Should be Addressed:

Paul T. Van Den Heuvel
Vice President and General Counsel
Mercy Health System
1000 Mineral Point Avenue
P.O. Box 5003
Janesville, Wisconsin 53547-5003
Telephone: 608-756-6158
Email: pvandenheuvel@mhsjvl.org

With a copy to:
William J. Toman, Esq.
Quarles & Brady LLP
33 East Main Street
Suite 900
Madison, Wisconsin 53703
Telephone: 608-283-2434
Email: william.toman@quarles.com

CONSENT TO JURISDICTION

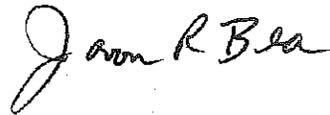
Interstate Alliance, Inc., a proposed affiliate of MercyCare Insurance Company and MercyCare HMO, Inc., insurers authorized to do business in the state of Wisconsin, pursuant to the requirements of ch. 617, Stats., does hereby consent to the jurisdiction of the Commissioner of Insurance and the courts of the state of Wisconsin.

SIGNATURE

Interstate Alliance, Inc. has caused this statement to be duly signed on its behalf in the city of Janesville and state of Wisconsin on the 24th day of December, 2014.

Interstate Alliance, Inc.

No seal

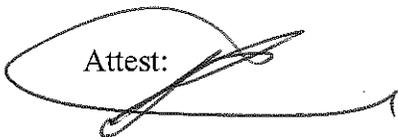


BY _____

Name: Javon R. Bea

Title: Chief Executive Officer

Attest:

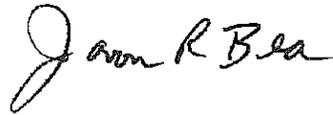


Name: Paul Van Den Heuvel

Title: Vice President & General Counsel

CERTIFICATION

The undersigned deposes and says that deponent has duly executed the attached statement dated December 24, 2014, for and on behalf of Interstate Alliance, Inc., that deponent is the Chief Executive Officer of such company, and that deponent is authorized to execute and file such instrument. Deponent further says that deponent is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of deponent's knowledge and belief.



Name: Javon R. Bea

Subscribed and sworn to this
24th day of December, 2014



Notary Public

My commission expires 9/26/2017