

**FORM AA  
CONSENT TO JURISDICTION STATEMENT**

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

SOBC Holdings Plc

On Behalf of the Following Insurers

Name	Address
Northwestern National Insurance Company	9277 Centre Point Drive, Suite 130 West Chester, OH 45069

Date: April 13, 2016

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

Stephanie C. Mocatta, President  
SOBC Holdings Plc  
The St. Botolph Building

138 Houndsditch

London EC3A 7AR

**CONSENT TO JURISDICTION**

SOBC Holdings Plc, a proposed affiliate of Northwestern National Insurance Company, and insurer 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 upon acquiring control of Northwestern National Insurance Company.

**SIGNATURE**

SOBC Holdings Plc has caused this statement to be duly signed on its behalf in the 13<sup>th</sup> day of April, 2016.

SOBC Holdings PLC

(SEAL)

BY Stephanie C. Mocatta  
(Name) Stephanie C. Mocatta  
Director DIRECTOR  
(Title)

Attest: [Signature]  
(Signature of Officer)  
DIRECTOR  
(Title)

CERTIFICATION

The undersigned deposes and says that deponent has duly executed the attached statement dated April 13, 2016, for and on behalf of SOBC Holdings Plc; that deponent is the DIRECTOR (Title of 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.

STEPHANIE MOCATTA  
(Type or print name beneath)

Subscribed and sworn to this  
13<sup>th</sup> day of April, 2016  
Patricia S. Hanson

Notary Public  
My commission expires Nov 23, 2019

