

**CONSENT TO JURISDICTION STATEMENT**

Filed with the Office of the Commissioner of Insurance  
State of Wisconsin

BY

Froedtert Health, Inc.

On Behalf of the Following Insurers

Network Health Plan	1570 Midway Place, Menasha, Wisconsin 54952
Network Health Insurance Corporation	1570 Midway Place, Menasha, Wisconsin 54952

Date: September 3, 2014

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

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**CONSENT TO JURISDICTION**

Froedtert Health, Inc., an affiliate of Network Health Plan and Network Health Insurance Corporation, insurers authorized to do business in the state of Wisconsin, pursuant to the requirements of ch. 617, Stats., as of September 3, 2014, does hereby consent to the jurisdiction of the Commissioner of Insurance and the courts of the state of Wisconsin.

**SIGNATURE**

Froedtert Health, Inc. has caused this statement to be duly signed on its behalf in the city of Milwaukee and state of Wisconsin on the date of September 3, 2014.

FROEDTERT HEALTH, INC.

By: Catherine A. Jacobson  
Catherine A. Jacobson  
President & Chief Executive Officer  
Attest: Cath Mode Eastham  
Catherine Mode Eastham, Esq.  
Senior Vice President & General Counsel

**CERTIFICATION**

The undersigned deposes and says that she has duly executed the attached statement dated September 3, 2014, for and on behalf of Froedtert Health, Inc.; and that she is the President & Chief Executive Officer of Froedtert Health, Inc. and that she is authorized to execute and file such instrument. Deponent further says that she is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of her knowledge, information and belief.

Catherine A. Jacobson  
Catherine A. Jacobson

Subscribed and sworn to this 24 day of September 2014.

Cath Mode Eastham  
Notary Public, State of Wisconsin

My commission expires: is permanent.