

Exhibit J

Consent to Jurisdiction Statement

Please see attached.

FORM AA
CONSENT TO JURISDICTION STATEMENT

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

By

MetLife, Inc.

On Behalf of the Following Insurer

<u>Name</u>	<u>Statutory Address</u>
Superior Vision Insurance Plan of Wisconsin, Inc.	881 Elkridge Landing Road, Suite 300, Linthicum, MD 21090

Date: September 29, 2020

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

Jay W. Klein, Vice President & Associate General Counsel
MetLife Group, Inc.
200 Park Avenue
New York, New York 10166
Phone: (212) 578-6265
Email: jklein@metlife.com

with copies to:

Kevin G. Fitzgerald
Foley & Lardner LLP
777 East Wisconsin Avenue
Milwaukee, Wisconsin
Phone: (414) 297-5841
Email: KFitzgerald@foley.com

Stephanie Dobecki
Sidley Austin LLP
One South Dearborn
Chicago, Illinois 60603
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CONSENT TO JURISDICTION

MetLife, Inc., intending to become an affiliate of Superior Vision Insurance Plan of Wisconsin, Inc., an 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.

SIGNATURE

MetLife, Inc. has caused this statement to be duly signed on its behalf in the city of New York and state of New York on the 29th day of September, 2020.

METLIFE, INC.

(SEAL)

By: 
Name: John McCallion
Title: Chief Financial Officer

Attest:


Name:
Title:

CERTIFICATION

The undersigned deposes and says that he or she has duly executed the attached statement dated September 29, 2020, for and on behalf of MetLife, Inc.; that he or she is the CFO of such company, and that he or she is authorized to execute and file such instrument. Deponent further says that he or she is familiar with the instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature) 
Name: John McCallion

Subscribed and sworn to this 29th day of September, 2020.


Notary Public **LISA HILL**
NOTARY PUBLIC OF NEW JERSEY
-My Commission Expires 3/1/2023

My commission expires _____.

CONSENT TO JURISDICTION

MetLife, Inc., intending to become an affiliate of Superior Vision Insurance Plan of Wisconsin, Inc., an 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.

SIGNATURE


MetLife, Inc. has caused this statement to be duly signed on its behalf in the city of New York and state of New York on the _____ day of _____, 2020.

METLIFE, INC.

(SEAL)

By: _____
Name:
Title:

Attest:


Name: Timothy J. Ring
Title: VICE PRESIDENT AND SECRETARY

CERTIFICATION

The undersigned deposes and says that he or she has duly executed the attached statement dated _____, 2020, for and on behalf of MetLife, Inc.; that he or she is the _____ of such company, and that he or she is authorized to execute and file such instrument. Deponent further says that he or she is familiar with the instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature) _____
Name:

Subscribed and sworn to this _____ day of _____, 2020.

Notary Public

My commission expires _____.