

**FORM AA
CONSENT TO JURISDICTION STATEMENT**

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

BY

Sutton National Insurance Holdings LLC

On Behalf of the Following Insurer

Name

Statutory Address

Unigard Indemnity Company

One General Drive
Sun Prairie, WI 52596

Date: August 1, 2018

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

Lloyd Yavener
218820 Huntmaster Road
Gaithersburg, MD 20882
240-838-0302
lloyd@atlas.us.com

Wisconsin OCI

Exh #: 12

Case #: 18-C42836

CONSENT TO JURISDICTION

Sutton National Insurance Holdings LLC, a proposed affiliate of Unigard Indemnity Company, 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 upon acquiring control of Unigard Indemnity Company.

SIGNATURE

Sutton National Insurance Holdings LLC has caused this statement to be duly signed on its behalf in the city of San Diego and state of California on the 14 day of August, 2018.

SUTTON NATIONAL INSURANCE HOLDINGS LLC

(SEAL)

BY [Signature]
Name: William R. Trzos
Title: Manager

Attest:

[Signature]
Name: Ryan W. Clarkson

CERTIFICATION

The undersigned deposes and says that deponent has duly executed the attached statement dated August 14, 2018, for and on behalf of Sutton National Insurance Holdings LLC; that deponent is a Manager 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.

(Signature) [Signature]
Name: William R. Trzos

Subscribed and sworn to this 14 day of August, 2018

Katie Kezelle
Notary Public
My commission expires 12.2.2020

