# FORM AA CONSENT TO JURISDICTION STATEMENT

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

By

## **Horace Mann Educators Corporation**

On Behalf of the Following Insurer

Name
Madison National Life Insurance Company

Address
1241 John Q Hammons Drive
Madison, Wisconsin 53717

Date: August 18, 2021

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

Donald M. Carley
EVP, General Counsel & Corporate Secretary
Horace Mann Educators Corporation
1 Horace Mann Plaza
Springfield, IL 62715-0001
Telephone: (217) 788-5767
Email: donald.carley@horacemann.com

with a copy to:

Ling Ling
Eversheds Sutherland (US) LLP
700 6<sup>th</sup> Street
Washington, DC 20001
Telephone: (202) 383-0236

Email: lingling@eversheds-sutherland.us

#### CONSENT TO JURISDICTION

Horace Mann Educators Corporation, intending to become an affiliate of Madison National Life Insurance 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.

### **SIGNATURE**

Horace Mann Educators Corporation has caused this statement to be duly signed on its behalf in the city of Springfield and state of Illinois on the 8th day of August, 2021.

HORACE MANN EDUCATORS

CORPORATION

Name: Bret A. Conklin

Title: Executive Vice President and

Chief Financial Officer

Attest

Name: Donald M. Carley
Title: EVP, General Counsel & Corporate Secretary

#### CERTIFICATION

Name: Bret A. Conklin

Title: Executive Vice President and

Chief Financial Officer

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Subscribed and sworn to this 18th day of August, 2021.

Notary Public Melooly Hubbell
My commission expires on 3-1-2025

MELODY HUBBELL OFFICIAL SEAL Notary Public - State of Illinois My Commission Expires Mar 01, 2025