

**FORM AA  
CONSENT TO JURISDICTION STATEMENT**

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

BY

SOBC Corp.

On Behalf of the Following Insurers

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

Date: February 3, 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 Corp.  
55 Madison Ave., Suite 400  
Morristown, NJ 07960

**CONSENT TO JURISDICTION**

SOBC Corp., a proposed affiliate of NorthWestern National Insurance Company, an insurer authorized to do business in the state of Wisconsin, pursuant to the requirements of ch. 617, Stats., do 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 Corp. has caused this statement to be duly signed on its behalf in the city of Hartford and state of Connecticut on the 3rd day of February, 2016.

(SEAL)

SOBC Corp.

BY



Stephanie C. Mocatta  
President

Attest:

Brian Johnston  
Brian Johnston

Chief Financial Officer

CERTIFICATION

The undersigned deposes and says that deponent has duly executed the attached statement dated February 3, 2016, for and on behalf of SOBC Corp.; that deponent is the President 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 C. Mocatta  
Stephanie C. Mocatta

Subscribed and sworn to this  
3rd day of February, 2016

[Signature]  
Notary Public Officer of the Superior Court  
My commission expires Perpetual