

July 22, 2016

VIA FEDERAL EXPRESS

Ms. Kristin L. Forsberg
Insurance Financial Examiner
Bureau of Financial Analysis and Examinations
State of Wisconsin
Office of the Commissioner of Insurance
125 South Webster Street
P.O. Box 7873
Madison, WI 53707-7873

2016 JUL 25 AM 8:43
RECEIVED
COMMISSIONER
INSURANCE

Re: Form A – Acquisition of Control of United National Specialty Insurance Company by State National Companies, Inc. and State National Insurance Company, Inc.

Dear Ms. Forsberg:

Reference is made to your letter regarding the above-captioned matter, dated July 7, 2016. Please find enclosed an executed Form AA Consent to Jurisdiction Statement for State National Companies, Inc. and State National Insurance Company, Inc.

Please contact me at 817.265.2000 ext. 1223 should you have any questions or require any additional information regarding the enclosed.

Sincerely,



Elise M. Clarke
Corporate Counsel

Enclosure

State National Companies

PO Box 24622
Fort Worth, Texas 76124

phone 817.265.2000
toll-free 800.877.4567

statenational.com

CONSENT TO JURISDICTION STATEMENT

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

BY

State National Companies, Inc.

1900 L. Don Dodson Drive
Bedford, TX 76021

On Behalf of the Following Companies

State National Insurance Company, Inc.

1900 L. Don Dodson Drive
Bedford, TX 76021

State National Companies, Inc.

1900 L. Don Dodson Drive
Bedford, TX 76021

July 22, 2016

Names, Titles, Addresses and Telephone Numbers of Individuals
To Whom Notices and Correspondence Concerning this Statement
Should be Addressed:

David M. Cleff
State National Companies, Inc.
1900 L. Don Dodson Drive
Bedford, TX 76021
Phone: (817) 265-2000 ext. 1219
Fax: (877) 295-5247

With a copy to:

Kevin G. Fitzgerald
Foley & Lardner LLP
777 East Wisconsin Avenue
Milwaukee, Wisconsin 53202-5306
Phone: (414) 297-5841
Fax: (414) 297-4900

CONSENT TO JURISDICTION

State National Companies, Inc. and State National Insurance Company, Inc., affiliates of United National Specialty 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.

SIGNATURE

State National Companies, Inc. has caused this statement to be duly signed on its behalf in the city of Bedford and the state of Texas on the 22nd day of July, 2016.

State National Companies, Inc.

By: [Signature]
(Name)

Chief Executive Officer
(Title)

Attest: [Signature]
(Signature of Officer)

Title: President

CERTIFICATION

The undersigned deposes and says that he has duly executed the attached Statement dated the 22nd day of July, 2016, for and on behalf of State National Companies, Inc., that he is the Chief Executive Officer of such company and that he is authorized to execute and file such instrument. Deponent further says that he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his or her knowledge and belief.

[Signature]
Signature

Terry L. Ledbetter
Name

Subscribed and sworn to this 22nd day of July, 2016.

[Signature]
Notary Public

My Commission expires January 07, 2018

