

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **838355** (6)

1. Corporation Name  
**MADISON NATIONAL LIFE INSURANCE COMPANY, INC. OF WISCONSIN**



Principal Place of Business Mailing Address  
**6120 UNIVERSITY AVE PO BOX 5008 MIDDLETON WI 53562**

3. Date Incorporated or Qualified **05/04/1977** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. City & State  
24. Zip 25. Country 29. Zip 30. Country

4. FEI Number **39-0990296** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAPIN, STEVEN</b>	1.2 NAME	
STREET ADDRESS	<b>96 CUMMINGS PT RD</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>STAMFORD CT</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALGORD, JAMES R.</b>	2.2 NAME	
STREET ADDRESS	<b>6120 UNIVERSITY AVENUE</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIDDLETON WI</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>TV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUSSER, MARK A.</b>	3.2 NAME	
STREET ADDRESS	<b>6120 UNIVERSITY AVE.</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIDDLETON WI</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATTS, RICHARD E.</b>	4.2 NAME	
STREET ADDRESS	<b>6120 UNIVERSITY AVENUE</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>MIDDLETON WI</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KETTIG, DAVID T.</b>	5.2 NAME	
STREET ADDRESS	<b>96 CUMMINGS POINT ROAD</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>STAMFORD CT</b>	5.4 CITY-STATE-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYER, ROBERT ALLEN</b>	6.2 NAME	
STREET ADDRESS	<b>96 CUMMINGS POINT ROAD</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>STAMFORD CT</b>	6.4 CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark A. Musser* Mark A. Musser 2/28/96 (608) 238-2691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)