

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838355 (6)

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

Principal Place of Business 6120 UNIVERSITY AVE PO BOX 5008 MIDDLETON WI 53562	Mailing Address 6120 UNIVERSITY AVE PO BOX 5008 MIDDLETON WI 53562
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/04/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 39-0990296	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Mark A. Musser* DATE: **2/27/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPIN, STEVEN	1.2 NAME	
STREET ADDRESS	98 CUMMINGS PT RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALGORD, JAMES R.	2.2 NAME	
STREET ADDRESS	6120 UNIVERSITY AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETON WI	2.4 CITY-ST-ZIP	
TITLE	TV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSSER, MARK A.	3.2 NAME	
STREET ADDRESS	6120 UNIVERSITY AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETON WI	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, RICHARD E.	4.2 NAME	
STREET ADDRESS	6120 UNIVERSITY AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETON WI	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETTIG, DAVID T.	5.2 NAME	
STREET ADDRESS	98 CUMMINGS POINT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY R. GRABER	6.2 NAME	
STREET ADDRESS	6120 UNIVERSITY AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETON FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* DATE: **2/27/98** (608) 238-2691 x260

CR2E034 (10/97)