

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 838355

**Entity Name:** MADISON NATIONAL LIFE INSURANCE COMPANY, INC. OF WISCONSIN

**FILED**  
**Jan 23, 2013**  
**Secretary of State**  
**CC6478114368**

**Current Principal Place of Business:**

1241 JOHN Q HAMMONS DRIVE  
MADISON, WI 53717

**Current Mailing Address:**

P.O. BOX 5008  
MADISON, WI 53705

**FEI Number: 39-0990296**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title V  
Name MYROLD, JOEL  
Address 1241 JOHN Q HAMMONS DRIVE  
City-State-Zip: MADISON WI 53717

Title TV  
Name SCHAUER, DIANE L  
Address 1241 JOHN Q HAMMONS DRIVE  
City-State-Zip: MADISON WI 53717

Title P  
Name GRABER, LARRY R  
Address 3508 FAR WEST BLVD., SUITE 140  
City-State-Zip: AUSTIN TX 78731

Title SV  
Name KETTIG, DAVID T  
Address 485 MADISON AVE., 14TH FLOOR  
City-State-Zip: NEW YORK NY 10002-5872

Title EV  
Name STUBBE, ROBERT  
Address 1241 JOHN Q HAMMONS DRIVE  
City-State-Zip: MADISON WI 53717

Title S  
Name VANDERVOORT, ADAM C  
Address 485 MADISON AVE.  
City-State-Zip: NEW YORK NY 10022

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT J. STUBBE**

**EXECUTIVE VICE  
PRESIDENT**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date