

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 838355

**Entity Name:** MADISON NATIONAL LIFE INSURANCE COMPANY, INC. OF WISCONSIN**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**3331088418CC****Current Principal Place of Business:**1241 JOHN Q HAMMONS DRIVE, 5TH FLOOR  
MADISON, WI 53717**Current Mailing Address:**1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715 US**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	SVP
Name	STUBBE, ROBERT J.
Address	1241 JOHN Q HAMMONS DRIVE, 5TH FLOOR
City-State-Zip:	MADISON WI 53717

Title	EVP, CFO, DIRECTOR
Name	CONKLIN, BRET
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	EVP, DIRECTOR
Name	SHARPE, MATTHEW
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	DIRECTOR
Name	WECKENBROCK, MICHAEL
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	PRESIDENT, CEO, DIRECTOR
Name	ZURAITIS, MARITA
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	EVP, GC, CORP. SECRETARY, CCO, DIRECTOR
Name	CARLEY, DONALD
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	DIRECTOR
Name	DESROCHERS, MARK
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

Title	SVP, CONTROLLER, CHIEF ACCOUNTING OFFICER
Name	JOHNSON, KIMBERLY
Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715

**Continues on page 2**

*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: JEREMY STUENKEL****VP & TAX DIRECTOR****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           SVP & CIO  
Name           GREENIER, RYAN  
Address        1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title           VP & TAX DIRECTOR  
Name           STUENKEL, JEREMY  
Address        1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title           VP & TREASURER  
Name           GAYLE, TROY  
Address        1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title           ASSISTANT SECRETARY  
Name           MICHAEL, LINEA  
Address        1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715