

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838355

FILED
Apr 28, 2022
Secretary of State
6649475663CC

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

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, DIRECTOR
Name STUBBE, ROBERT J.
Address 1241 JOHN Q HAMMONS DRIVE, 5TH FLOOR
City-State-Zip: MADISON WI 53717

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

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

Title DIRECTOR
Name SANDERS, TYSON
Address 4949 KELLER SPRINGS RD
City-State-Zip: ADDISON TX 75001

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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

04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SVP, CONTROLLER, CHIEF ACCOUNTING OFFICER
Name JOHNSON, KIMBERLY
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

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