

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838355

FILED
Apr 21, 2005
Secretary of State

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

Current Principal Place of Business:

6120 UNIVERSITY AVE
PO BOX 5008
MIDDLETON, WI 53562

New Principal Place of Business:

Current Mailing Address:

6120 UNIVERSITY AVE
PO BOX 5008
MIDDLETON, WI 53562

New Mailing Address:

FEI Number: 39-0990296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAPIN, STEVEN
Address: 96 CUMMINGS PT RD
City-St-Zip: STAMFORD, CT

Title: V () Delete
Name: MYROLD, JOEL
Address: 6120 UNIVERSITY AVENUE
City-St-Zip: MIDDLETON, WI

Title: TV () Delete
Name: MUSSER, MARK A.,
Address: 6120 UNIVERSITY AVE.
City-St-Zip: MIDDLETON, WI

Title: V () Delete
Name: KLEIN, MURRAY
Address: 6120 UNIVERSITY AVENUE
City-St-Zip: MIDDLETON, WI

Title: S () Delete
Name: KETTIG, DAVID T.,
Address: 96 CUMMINGS POINT ROAD
City-St-Zip: STAMFORD, CT

Title: P () Delete
Name: LARRY R. GRABER,
Address: 6120 UNIVERSITY AVE.
City-St-Zip: MIDDLETON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TV (X) Change () Addition
Name: SCHAUER, DIANE L
Address: 6120 UNIVERSITY AVE.
City-St-Zip: MIDDLETON, WI

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANE SCHAUER

TV

04/21/2005

Electronic Signature of Signing Officer or Director

Date