
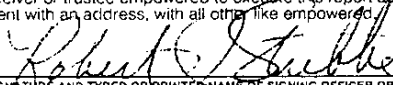


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90070 025 ***150.00

DOCUMENT # 838355 1. Entity 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	
2. Principal Place of Business - No P.O. Box # 1241 John Q Hammons Dr		3. Mailing Address P.O. Box 5008	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Madison, WI		City & State Madison, WI	
Zip 53717	Country USA	Zip 53705	Country USA
4. FEI Number 39-0990296		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desires <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
8. 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. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ (NOTE: Registered Agent signature required when "unsetting") DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MYROLD, JOEL 6120 UNIVERSITY AVENUE MIDDLETON, WI	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TV SCHAUER, DIANE L 6120 UNIVERSITY AVE. MIDDLETON, WI	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KLEIN, MURRAY 6120 UNIVERSITY AVENUE MIDDLETON, WI	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV KETTIG, DAVID T. 96 CUMMINGS POINT ROAD STAMFORD, CT	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LARRY R. GRABER 6120 UNIVERSITY AVE. MIDDLETON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, GORDON 1241 John Q Hammons Dr. Madison, WI 53717	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 1/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 608 830 2025	

60008052



01172007 Chg-P CR2E034 (12/06)

ATTACHMENT

60008052

Addition

#838355

V

Ragan, Deidre
3508 Far West Blvd.
Austin, TX 78731

V

Wood, Scott
2101 West Peoria Ave. Suite 100
Phoenix, AZ 85029

Addition

V

Pearson, Brian
600 University Park Place, Suite 300
Homewood, AL 35209

Addition

V

Munsayac, Elinor
1241 John Q. Hammons Dr.
Madison, WI 53717

Addition

V

Lovering, Sandee
1241 John Q. Hammons Dr.
Madison, WI 53717

Addition