

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90063 017 \*\*\*550.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # 838355**  
 1. Entity Name  
**MADISON NATIONAL LIFE INSURANCE COMPANY, INC.  
 OF WISCONSIN**



40111415



Principal Place of Business Mailing Address  
 1241 JOHN Q HAMMING DRIVE P.O. BOX 5008  
 MADISON, WI 53717 MADISON, WI 53717

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 1241 John Q. Hammons Drive P.O. Box 5008

State, Apt. #, etc. Suite, Apt. #, etc  
 07082008 Chg-P CR2E034 (12/06)

City & State City & State  
 Madison, WI Madison, WI

4. FEI Number Apply For  
 39-0990296 Not Applicable

Zip Country Zip Country  
 53717 53705

5. Certificate of Status Desired  \$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 FL Zip Code

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$550.00**  
 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME MYROLD, JOEL	V <input type="checkbox"/> Delete
STREET ADDRESS 1241 JOHN Q HAMMONS DRIVE	
CITY- ST- ZIP MADISON, WI 53717	
TITLE NAME SCHAUER, DIANE L	TV <input type="checkbox"/> Delete
STREET ADDRESS 1241 JOHN Q HAMMONS DRIVE	
CITY- ST- ZIP MADISON, WI 53717	
TITLE NAME KLEIN, MURRAY	V <input checked="" type="checkbox"/> Delete
STREET ADDRESS 1241 JOHN Q HAMMONS DRIVE	
CITY- ST- ZIP MADISON, WI 53717	
TITLE NAME KETTIG, DAVID T.	SV <input type="checkbox"/> Delete
STREET ADDRESS 98 CUMMINGS POINT ROAD	
CITY- ST- ZIP STAMFORD, CT	
TITLE NAME STUBBE, ROBERT	EV <input type="checkbox"/> Delete
STREET ADDRESS 1241 JOHN Q HAMMONS DRIVE	
CITY- ST- ZIP MADISON, WI 53717	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Larry R. Graber	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3508 Far West Blvd., Suite 140	
CITY- ST- ZIP Austin, TX 78731	
TITLE NAME Secretary Adam C. Vandervoort	TV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 485 Madison Ave.	
CITY- ST- ZIP New York, NY 10022	
TITLE NAME Dierdre K. Ragan	SV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 485 Madison Ave.	
CITY- ST- ZIP Austin, TX 78731	
TITLE NAME David T. Kettig	SV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 485 Madison Ave., 14th Floor	
CITY- ST- ZIP New York, NY 1002-5872	
TITLE NAME Scott M. Wood	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2101 West Peoria Ave., Suite 100	
CITY- ST- ZIP Phoenix, AZ 85029	
TITLE NAME Elino E. Munsayac	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS P.O. Box 5008	
CITY- ST- ZIP Madison, WI 53705	

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: Robert J. Stubbe Robert J. Stubbe July 9, 2008 (608) 830-2025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Include time if applicable)

ATTACHMENT

40111415

# 838355

V

Addition

Pearson, Brian

600 University Park Place, Suite 300

Homewood, AL 35209