

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838355

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

1241 JOHN Q HAMMONS DRIVE
MADISON, WI 53717

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5008
MADISON, WI 53705

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: V () Delete
Name: MYROLD, JOEL
Address: 1241 JOHN Q HAMMONS DRIVE
City-St-Zip: MADISON, WI 53717

Title: TV () Delete
Name: SCHAUER, DIANE L
Address: 1241 JOHN Q HAMMONS DRIVE
City-St-Zip: MADISON, WI 53717

Title: P () Delete
Name: GRABER, LARRY R
Address: 3508 FAR WEST BLVD., SUITE 140
City-St-Zip: AUSTIN, TX 78731

Title: SV () Delete
Name: KETTIG, DAVID T
Address: 485 MADISON AVE., 14TH FLOOR
City-St-Zip: NEW YORK, NY 10025872

Title: EV () Delete
Name: STUBBE, ROBERT
Address: 1241 JOHN Q HAMMONS DRIVE
City-St-Zip: MADISON, WI 53717

Title: S () Delete
Name: VANDERVOORT, ADAM C
Address: 485 MADISON AVE.
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 exemption stated 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 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: ROBERT J. STUBBE

EV

04/30/2009

Electronic Signature of Signing Officer or Director

Date