Blake Philip E Form 3 January 02, 2013 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005 **SECURITIES** Estimated average

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

 Date of Event Requiring Statement (Month/Day/Year) 	^g 3. Issuer Name and Ticker or Trading Symbol Madison Covered Call & Equity Strategy Fund [MCN]				
e) 01/01/2013			5. If Amendment, Date Original Filed(Month/Day/Year)		
	X Director Officer	10% (Owner 6. Individual or Joint/Group w) Filing(Check Applicable Line) _X_ Form filed by One Reporting		
			Person Form filed by More than One Reporting Person		
(City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned					
	Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
1,500 <u>(1)</u>		D	Â		
or each class of securities benefic	cially SE	EC 1473 (7-02)		
Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.					
	Statement (Month/Day/Year) 0 01/01/2013 Table I - 1 2. Amount of Beneficially (Instr. 4) 1,500 (1) for each class of securities benefic prespond to the collection of contained in this form are no espond unless the form disp	Statement (Month/Day/Year) Madison Co 4. Relationship Person(s) to Is (Check $_X_$ Director $_Officer$ (give title below (Statement) (Check $_X_$ Director $_Officer$ (give title below (Instr. 4) 1,500 (<u>1</u>) for each class of securities beneficially porespond to the collection of contained in this form are not espond unless the form displays a	(Month/Day/Year) 01/01/2013 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) $-X_{-}$ Director -10% 0 (give title below) (specify below) 0 Table I - Non-Derivative Securiti 2. Amount of Securities 3. Beneficially Owned (Instr. 4) Form: Direct (D) or Indirect (I) (Instr. 5) 1,500 (1) D for each class of securities beneficially D for each class of securities beneficially D respond to the collection of contained in this form are not espond unless the form displays a		

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

burden hours per

0.5

response...

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Blake Philip E MADISON ASSET MANAGEMENT 550 SCIENCE DRIVE MADISON, WI 53711	ÂX	Â	Â	Â	
Signatures					
Philip E. Blake by W. Richard Mason	01/02/	/2013			
**Signature of Reporting Person	Da	ite			

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note that the reporting officer served as Trustee of MCN prior to 7/21/2009. His term and position ended on 7/21/2009 and he ceased
(1) being subject to Section 16 reporting requirements. Thereafter, he was elected Trustee to MCN effective 1/1/2013 and, as such, is filing this as his initial statement of beneficial ownership.

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Remarks:

See note 1 to Table IÂ above.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.