

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name MADISON/CLAYMORE COVERED CALL & EQUITY STRATEGY FUND		2 Issuer's employer identification number (EIN) 20-1379652	
3 Name of contact for additional information MARK J. FURJANIC		4 Telephone No. of contact (630) 577-2280	5 Email address of contact Mark.Furjanic@GuggenheimInvestments.com
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 2455 CORPORATE WEST DRIVE		7 City, town, or post office, state, and Zip code of contact LISLE, IL 60532	
8 Date of action VARIOUS SEE BELOW		9 Classification and description PAID A "RETURN OF CAPITAL" DISTRIBUTION	
10 CUSIP number 556582104	11 Serial number(s)	12 Ticker symbol MCN	13 Account number(s)

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶

RETURN OF CAPITAL DISTRIBUTION AS PART OF THE FOLLOWING DISTRIBUTIONS:

RECORD DATE:	TOTAL PER SHARE DISTRIBUTION:	ROC PER SHARE DISTRIBUTION:
02/15/12	\$0.180000	\$0.178172
05/15/12	\$0.180000	\$0.178172
08/15/12	\$0.180000	\$0.178172
11/15/12	\$0.180000	\$0.178172

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ **THE ABOVE ACTION WILL REDUCE THE COST BASIS OF THE SHAREHOLDER'S SECURITY.**

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ **N/A**

Part II Organizational Action (continued)


17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ **IRC SECTION 312 & 316**

18 Can any resulting loss be recognized? ▶ **N/A**

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ **N/A**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature ▶  Date ▶ **1/31/2013**
Print your name ▶ **MARK J. FURJANIC** Title ▶ **ASSISTANT TREASURER**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	