

1.) CORPORATION NAME:

**Delta Dental of Wisconsin, Inc.**

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1853193**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2801 HOOVER ROAD

CITY/ST/ZIP: STEVENS POINT, WI 54481

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DENNIS L BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/PRES		
ADDRESS:	2801 HOOVER ROAD		
CITY/ST/ZIP/CO:	STEVENS POINT, WI 54481		

NAME:	DOUGLAS BALLWEG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2801 HOOVER ROAD		
CITY/ST/ZIP/CO:	STEVENS POINT, WI 54481		

NAME:	DENNIS PETERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2801 HOOVER ROAD		
CITY/ST/ZIP/CO:	STEVENS POINT, WI 54481		

NAME:	CHARLES NASON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2801 HOOVER ROAD		
CITY/ST/ZIP/CO:	STEVENS POINT, WI 54481		

NAME:	CHRISTOPHER QUERAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2801 HOOVER ROAD		
CITY/ST/ZIP/CO:	STEVENS POINT, WI 54481		

NAME:	David H Bretting	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2801 Hoover Road		
CITY/ST/ZIP/CO:	Stevens Point, WI 54481		

NAME: Monica Hebl TITLE: DIRECTOR ADDRESS: 2801 Hoover Road CITY/ST/ZIP/CO: Stevens Point, WI 54481	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Timothy Kinzel TITLE: DIRECTOR ADDRESS: 2801 Hoover Road CITY/ST/ZIP/CO: Stevens Point, WI 54481	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Vincent Lyles TITLE: DIRECTOR ADDRESS: 2801 Hoover Road CITY/ST/ZIP/CO: Stevens Point, WI 54481	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Karen Ordinans TITLE: DIRECTOR ADDRESS: 2801 Hoover Road CITY/ST/ZIP/CO: Stevens Point, WI 54481	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Eugene Randolph TITLE: DIRECTOR ADDRESS: 2801 Hoover Road CITY/ST/ZIP/CO: Stevens Point, WI 54481	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ DOUGLAS BALLWEG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOUGLAS BALLWEG, PRINTED NAME AND CORPORATE TITLE	4/2/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		