

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213515609

1.) CORPORATION NAME:

**Delta Dental of Wisconsin, Inc.**

DUE DATE: **3/31/2013**

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

**GLEN ALLEN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WI**

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  
TITLE: DIR/PRES  
ADDRESS: 2801 HOOVER ROAD  
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481

OFFICER

DIRECTOR

NAME: DOUGLAS BALLWEG  
TITLE: TREASURER  
ADDRESS: 2801 HOOVER ROAD  
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481

OFFICER

DIRECTOR

NAME: DENNIS PETERSON  
TITLE: SECRETARY  
ADDRESS: 2801 HOOVER ROAD  
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481

OFFICER

DIRECTOR

NAME: DAVID H BRETTEING  
TITLE: DIRECTOR  
ADDRESS: 2801 HOOVER ROAD  
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481

OFFICER

DIRECTOR

NAME: MONICA HEBL  
TITLE: DIRECTOR  
ADDRESS: 2801 HOOVER ROAD  
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481

OFFICER

DIRECTOR

NAME: TIMOTHY KINZEL  
TITLE: DIRECTOR  
ADDRESS: 2801 HOOVER ROAD  
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481

OFFICER

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: CHARLES NASON 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: CHRISTOPHER QUERAM 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, TREASURER PRINTED NAME AND CORPORATE TITLE	3/28/2013 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.		