

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ASSOCIATION HEALTH PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>502</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WISCONSIN DENTAL ASSOCIATION</u></p> <p><u>6737 W WASHINGTON ST STE 2360</u> <u>6737 W WASHINGTON ST STE 2360</u> <u>WEST ALLIS, WI 53214-5648</u> <u>WEST ALLIS, WI 53214-5648</u></p>	<p>1c Effective date of plan <u>01/01/2024</u></p> <p>2b Employer Identification Number (EIN) <u>39-0716117</u></p> <p>2c Plan Sponsor's telephone number <u>414-276-4520</u></p> <p>2d Business code (see instructions) <u>541800</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2025	CHRISTINE NADOLSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/31/2025	ABBY SWETS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor WDA INSURANCE & SERVICES CORP MARA ROBERTS 6737 W WASHINGTON ST STE 2360 WEST ALLIS, WI 53214-5648		3b Administrator's EIN 39-1724524	
		3c Administrator's telephone number 414-277-0154	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	504
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....			
		6a(1)	504
		6a(2)	629
		6b	
		6c	
		6d	629
		6e	
		6f	629
		6g(1)	
		6g(2)	
		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u></p> <p>(4) <input type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 157448980

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ASSOCIATION HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WISCONSIN DENTAL ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 39-0716117</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-1268299	53139	100000047	629	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">81059</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CHRISTINE NADOLSKI **6737 W WASHINGTON ST, STE 2360**
WEST ALLIS, WI 53214

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
72684			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WENDY BLOCK **6737 W WASHINGTON ST, STE 2360**
WEST ALLIS, WI 53214

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8375			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	3742495	
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		3742495
b	Benefit charges (1) Claims paid	9b(1)	3445367	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		3445367
	(4) Claims charged	9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)	81059	
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		81059
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

WDA Groups and EIN numbers as of July 2025

PRNT_GRP_ID	PRNT_GRP_NME	GRP_ID	GRP_NME	EIN
100000047	WISCONSIN DENTAL ASSOC ES	10011245	SCOTT P ARBIT DMD MS	391345342
100000047	WISCONSIN DENTAL ASSOC ES	10011305	DENTISTRY BY DESIGN LTD	391808252
100000047	WISCONSIN DENTAL ASSOC ES	10011306	FAMILY DENTAL ARTS SC	200232781
100000047	WISCONSIN DENTAL ASSOC ES	10011349	KELL FAMILY DENTAL SC	391931127
100000047	WISCONSIN DENTAL ASSOC ES	10011350	STOHLER ENDODONTICS LLC	464922771
100000047	WISCONSIN DENTAL ASSOC ES	10011362	SIREN DENTAL CLINIC	320337332
100000047	WISCONSIN DENTAL ASSOC ES	10011392	CUMBERLAND FAMILY DENTAL SC	391946022
100000047	WISCONSIN DENTAL ASSOC ES	10011395	PIONEER DENTAL SC	134204787
100000047	WISCONSIN DENTAL ASSOC ES	10011396	ST CROIX FAMILY DENTISTRY SC	202140462
100000047	WISCONSIN DENTAL ASSOC ES	10011420	WALTER J TURNER DDS SC	391755208
100000047	WISCONSIN DENTAL ASSOC ES	10011449	VISTA FAMILY DENTISTRY LLC	815458551
100000047	WISCONSIN DENTAL ASSOC ES	10011507	JOHN W MOORE DDS SC	202389007
100000047	WISCONSIN DENTAL ASSOC ES	10011515	MICHAEL S BAUS DDS SC	391394632
100000047	WISCONSIN DENTAL ASSOC ES	10011531	MUNOZ FAMILY AND COSMETIC DENTISTRY DBA THE CENTER	853292926
100000047	WISCONSIN DENTAL ASSOC ES	10011557	BROWN FAMILY DENTISTRY SC	460469164
100000047	WISCONSIN DENTAL ASSOC ES	10011563	HILLSIDE DENTAL LTD	391143012
100000047	WISCONSIN DENTAL ASSOC ES	10011574	PEDIATRIC DENTISTRY CLINIC OF GREEN BAY	391155720
100000047	WISCONSIN DENTAL ASSOC ES	10011583	FOX RIVER PERIODONTICS SC	208403399
100000047	WISCONSIN DENTAL ASSOC ES	10011593	PREMIER ENDODONTICS	421639899
100000047	WISCONSIN DENTAL ASSOC ES	10011630	GRAFTON ORTHODONTICS SC	471439039
100000047	WISCONSIN DENTAL ASSOC ES	10011662	CHRISTOPHERSON FAMILY DENTISTRY LLC	811770840
100000047	WISCONSIN DENTAL ASSOC ES	10011663	SHOREWOOD FAMILY DENTISTRY LLC	352612007
100000047	WISCONSIN DENTAL ASSOC ES	10011735	DRS LARSON MARTYN AND HAFNER LLP	391658444
100000047	WISCONSIN DENTAL ASSOC ES	10011747	OAKFIELD FAMILY DENTAL LLC	475359968
100000047	WISCONSIN DENTAL ASSOC ES	10011752	DENMARK DENTAL CLINIC LLC	392044488
100000047	WISCONSIN DENTAL ASSOC ES	10011753	ELMBROOK ORAL AND MAXILLOFACIAL SURGERY ASSOC SC	391248439
100000047	WISCONSIN DENTAL ASSOC ES	10011885	ORAL HEALTH ASSOCIATES SC	391391943
100000047	WISCONSIN DENTAL ASSOC ES	10011889	PATRICK J CONNELL	391828948
100000047	WISCONSIN DENTAL ASSOC ES	10012034	WISCONSIN AMBULATORY ANESTHESIA SC	812791064
100000047	WISCONSIN DENTAL ASSOC ES	10012154	ANTIGO DENTAL CLINIC LLC	270039192
100000047	WISCONSIN DENTAL ASSOC ES	10012233	SWEET TOOTH DENTAL	201960804
100000047	WISCONSIN DENTAL ASSOC ES	10012285	BRADEN DENTAL CENTER	391461913
100000047	WISCONSIN DENTAL ASSOC ES	10012393	R AND R DENTAL PARTNERS LLC	813260131
100000047	WISCONSIN DENTAL ASSOC ES	10012394	DEROSE CHILDRENS DENTAL OFFICE	810815476
100000047	WISCONSIN DENTAL ASSOC ES	10012405	BRIGHT SMILES FAMILY DENTISTRY LLC	462478156
100000047	WISCONSIN DENTAL ASSOC ES	10012423	MARKS DENTAL CORPORATION SC DBA RIVER PLACE DENTAL	920989892
100000047	WISCONSIN DENTAL ASSOC ES	10012431	ALL KIDS DENTISTRY INC DBA KIDZ R US	842728787
100000047	WISCONSIN DENTAL ASSOC ES	10012443	ZACHARY C WALGENBACH DDS SC	850516899
100000047	WISCONSIN DENTAL ASSOC ES	10012475	ARTISTIC SMILES DENTISTRY SC	263907575
100000047	WISCONSIN DENTAL ASSOC ES	10012484	HOM FAMILY DENTISTRY SC	391996041
100000047	WISCONSIN DENTAL ASSOC ES	10012521	FLOREK HENDERSON DENTAL LLC	392043757
100000047	WISCONSIN DENTAL ASSOC ES	10012546	BRODHEAD DENTAL CLINIC LLC	821838798
100000047	WISCONSIN DENTAL ASSOC ES	10012559	RICHLAND FAMILY DENTAL DBA MARK RITCHIE DMD	823464146
100000047	WISCONSIN DENTAL ASSOC ES	10012604	PETER J SCHINDELHOLZ DDS SC	391391738
100000047	WISCONSIN DENTAL ASSOC ES	10012639	MAJOR DENTAL CLINICS OF MKE SC	454748341
100000047	WISCONSIN DENTAL ASSOC ES	10012652	EAU CLAIRE PERIODONTICS LLC	454036052
100000047	WISCONSIN DENTAL ASSOC ES	10012659	DR STEPHEN REISNER SC	201828232
100000047	WISCONSIN DENTAL ASSOC ES	10012666	BLONG INC DBA WASHBURN FAMILY DENTISTRY	462314868
100000047	WISCONSIN DENTAL ASSOC ES	10012689	TOBOGGAN RUN DENTAL	391933397
100000047	WISCONSIN DENTAL ASSOC ES	10012691	MICHAEL I KIM DDS LLC	391954989
100000047	WISCONSIN DENTAL ASSOC ES	10012712	INNOVATION DENTAL LLC	472660205
100000047	WISCONSIN DENTAL ASSOC ES	10012714	JEFFREY J TWHIG DDS SC	391770009
100000047	WISCONSIN DENTAL ASSOC ES	10012722	THE HARTFORD DENTAL GROUP SC	391977542
100000047	WISCONSIN DENTAL ASSOC ES	10012744	GRAND AVENUE DENTAL LLC	932513117
100000047	WISCONSIN DENTAL ASSOC ES	10012748	RIVERSIDE FAMILY DENTAL LLC	#N/A
100000047	WISCONSIN DENTAL ASSOC ES	10012749	FONDY FAMILY DENTAL LLC	853411226
100000047	WISCONSIN DENTAL ASSOC ES	10012751	WD DENTAL INC	843810976
100000047	WISCONSIN DENTAL ASSOC ES	10012756	DANE DENTAL LLC	882827704
100000047	WISCONSIN DENTAL ASSOC ES	10012761	JANSSEN DENTAL CLINIC SC	391838830
100000047	WISCONSIN DENTAL ASSOC ES	10012770	PARKWAY DENTAL SC	#N/A
100000047	WISCONSIN DENTAL ASSOC ES	10012778	WILKE ORTHODONTICS LTD	274689598
100000047	WISCONSIN DENTAL ASSOC ES	10012782	CAROLYN GRIFFIN DDS LLC	821714648
100000047	WISCONSIN DENTAL ASSOC ES	10012790	DOYLE AND DOYLE SC	391971241
100000047	WISCONSIN DENTAL ASSOC ES	10012804	HESS DENTAL CARE SC	3902005708
100000047	WISCONSIN DENTAL ASSOC ES	10012822	DAVID A PARIS DDS SC	391696458
100000047	WISCONSIN DENTAL ASSOC ES	10012824	MARY A GAJEWSKI DDS	391651241
100000047	WISCONSIN DENTAL ASSOC ES	10012829	BRADLY BAUS DDS	391822072

100000047	WISCONSIN DENTAL ASSOC ES	10012834	BAY DENTAL ASSOCIATES SC	397344849
100000047	WISCONSIN DENTAL ASSOC ES	10012847	DENTAL CENTER OF KENOSHA	830352641
100000047	WISCONSIN DENTAL ASSOC ES	10012861	CEDARBURG FAMILY DENTISTRY LLC	205803321
100000047	WISCONSIN DENTAL ASSOC ES	10012874	LAKEVIEW DENTAL CENTER SC	391688107
100000047	WISCONSIN DENTAL ASSOC ES	10012896	BLOOM FAMILY DENTAL INC	473092160
100000047	WISCONSIN DENTAL ASSOC ES	10012899	DR JOHN M KANE SC DBA BIRCH POINT DENTAL	830836653
100000047	WISCONSIN DENTAL ASSOC ES	10012905	MARONEY DENTAL LAB INC	201914297
100000047	WISCONSIN DENTAL ASSOC ES	10012909	FENNIMORE DENTAL LLC	465260865
100000047	WISCONSIN DENTAL ASSOC ES	10012913	COOPER DENTAL SC	391225972
100000047	WISCONSIN DENTAL ASSOC ES	10012915	JOHNSON CREEK DENTAL GROUP LLC	204502418
100000047	WISCONSIN DENTAL ASSOC ES	10012917	PURDY FAMILY DENTISTRY SC	203981511
100000047	WISCONSIN DENTAL ASSOC ES	10012922	KURT R HULSE DDS SC	391443770
100000047	WISCONSIN DENTAL ASSOC ES	10012933	ABC FAMILY DENTAL SERVICES SC	391341132
100000047	WISCONSIN DENTAL ASSOC ES	10012939	YOUNG SMILES LLC	465753619
100000047	WISCONSIN DENTAL ASSOC ES	10012940	WISCONSIN ORAL SURGERY AND DENTAL IMPLANTS SC	205993766
100000047	WISCONSIN DENTAL ASSOC ES	10012943	GEORGEANN C VARGAS DDS LTD	811500181
100000047	WISCONSIN DENTAL ASSOC ES	10012946	SPARTA FAMILY DENTISTRY LLC	811128801
100000047	WISCONSIN DENTAL ASSOC ES	10012951	REGIS COURT DENTAL ASSOCIATES LLC	461193044
100000047	WISCONSIN DENTAL ASSOC ES	10012958	HAYWARD DENTAL CLINIC LLC	270997998
100000047	WISCONSIN DENTAL ASSOC ES	10012960	MENTZ ORTHODONTICS SC	391350828
100000047	WISCONSIN DENTAL ASSOC ES	10012961	WEST NEW BROOK ORTHODONTISTS SC	391373170
100000047	WISCONSIN DENTAL ASSOC ES	10012963	HIXON HILLS DENTAL LLC	853857035
100000047	WISCONSIN DENTAL ASSOC ES	10012967	DR ESPINOSA DDS ESPINOSA FAMILY DENTAL LLC	474347414
100000047	WISCONSIN DENTAL ASSOC ES	10012968	HEALTHY START DENTISTRY INC	274291355
100000047	WISCONSIN DENTAL ASSOC ES	10012969	STEVEN M AMATO DDS MS SC DBA AMATO ORTHODONTICS	391930632
100000047	WISCONSIN DENTAL ASSOC ES	10012976	ASSOCIATED FAMILY DENTISTRY LLC	391893459
100000047	WISCONSIN DENTAL ASSOC ES	10012978	KARLA R MCDONALD DDS LLC	474676729
100000047	WISCONSIN DENTAL ASSOC ES	10012979	ORCHID ENTERPRISES LLC DBA AMENITY DENTAL CARE	881690213
100000047	WISCONSIN DENTAL ASSOC ES	10012992	REGIS COURT FAMILY DENTAL SC	391964335
100000047	WISCONSIN DENTAL ASSOC ES	10012999	JUST 4 KIDDS DENTISTRY FOR CHILDREN LLC	994466277
100000047	WISCONSIN DENTAL ASSOC ES	10013003	ADVANCED FAMILY DENTAL LLC	813981924
100000047	WISCONSIN DENTAL ASSOC ES	10013010	GREEN BAY PERIODONTICS SC	391142374
100000047	WISCONSIN DENTAL ASSOC ES	10013012	DAVID R BROSTOWITZ DDS SC	391500926
100000047	WISCONSIN DENTAL ASSOC ES	10013018	STEVEN J FAHSEL DDS	#N/A
100000047	WISCONSIN DENTAL ASSOC ES	10013023	GLASER DENTAL SC	453090388
100000047	WISCONSIN DENTAL ASSOC ES	10013033	BUBLIK DENTAL IMPLANT SURGICAL CENTER	991851921
100000047	WISCONSIN DENTAL ASSOC ES	10013043	TOOTH TOWN DENTISTRY FOR KIDS	832771639
100000047	WISCONSIN DENTAL ASSOC ES	10013044	RACINE TOOTH TOWN DENTISTRY FOR KIDS	833860453
100000047	WISCONSIN DENTAL ASSOC ES	10013052	VALENTA DENTAL SC	270860918
100000047	WISCONSIN DENTAL ASSOC ES	10013057	TIMOTHY BAGGOTT DDS	272654457
100000047	WISCONSIN DENTAL ASSOC ES	10013063	OLM ORTHODONTICS SC	392026862