

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ 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)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>07/01/1990</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>DIPLOMAT PHARMACY, INC.</u> <u>4100 S. SAGINAW ST.</u> <u>FLINT, MI 48507</u>	2b Employer Identification Number (EIN) <u>38-2063100</u>	2c Sponsor's telephone number <u>810-732-8720</u>	2d Business code (see instructions) <u>446110</u>

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.	09/23/2011	KENNETH JURK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2011	KENNETH JURK
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DIPLOMAT PHARMACY, INC. 4100 S. SAGINAW ST. FLINT, MI 48507	3b Administrator's EIN 38-2063100 3c Administrator's telephone number 810-732-8720
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	317
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	390
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	7
d Subtotal. Add lines 6a , 6b , and 6c	6d	397
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	397
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	202
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	49

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2R 2T 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ ¹ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. DIPLOMAT PHARMACY, INC.		
D Employer Identification Number (EIN) 38-2063100		

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(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
42-0127290	61271	611454	397	01/01/2010	12/31/2010

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
14911	36

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
SIGMA FINANCIAL CORPORATION 4261 PARK RD
ANN ARBOR, MI 48103-9508

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8470	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MML INSURANCE AGENCY INC COMMISSIONS
PO BOX 8088
BOSTON, MA 02266-8088

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6441	36	REFERRAL/SERVICE FEE	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.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	4018590

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)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	0

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 organization(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)		
(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)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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 c(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, item 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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DIPLOMAT PHARMACY, INC.	D Employer Identification Number (EIN) 38-2063100	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	35089	Yes ☒ No ☐	Yes ☒ No ☐	127	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

LEWIS & KNOFF CPAS PC

38-3205162

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

LEWIS & KNOFF, CPAS PC

38-3205662

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	9500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DIPLOMAT PHARMACY, INC.</u>	D Employer Identification Number (EIN) <u>38-2063100</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP BLEND SEP ACCT-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-029</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48039</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN BOND EMPH BAL SEP ACCT-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-006</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>27324</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MONEY MARKET SEP ACCT-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>256718</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL EMERG MARKETS SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36601</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL SMALLCAP SEP ACCT-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-014</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>315512</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN U.S. PROPERTY SEP ACCT-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>87183</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN BOND AND MORTGAGE SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>291333</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-015	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117389

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-016	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 338595

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-043	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177910

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-023	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82547

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-026	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 328056

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH I SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-070	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 348877

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH II SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-067	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 278284

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINT GRWTH STR SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-081	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 574763

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS BAL STR SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-082	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 252656

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS CON STR SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-083	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70658

a Name of MTIA, CCT, PSA, or 103-12 IE: **RUSS LFPT EQ GROWTH STR SA-R6**
b Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-084	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	164748
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a Name of MTIA, CCT, PSA, or 103-12 IE: **RUSS LIFEPOINTS MOD STR SA-R6**
b Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-085	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	87491
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN SMALLCAP VALUE II SA-R6**
b Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-096	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	75944
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LARGECAP VALUE I SA-R6**
b Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	44107
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN INFLATION PROTECT SA-R6**
b Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1187
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN CORE PLUS BOND I SA-R6**
b Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-115	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12670
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DIPLOMAT PHARMACY, INC.	D Employer Identification Number (EIN) 38-2063100	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	205	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	252092	355475
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	145575	239892
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	2620731	4018590
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	41465	19594
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3060068	4633551

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3060068	4633551
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	351309	
(B) Participants	2a(1)(B)	730215	
(C) Others (including rollovers)	2a(1)(C)	91959	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1173483

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	9368	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9368

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	2579	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	172	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2751

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	61473	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		61473
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		524086
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		738
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1771899

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	141290	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		141290
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	22000	
(2) Contract administrator fees	2i(2)	35126	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		57126
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		198416

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1573483
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LEWIS & KNOPF, PC

(2) EIN: 38-3205662

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	0
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	0
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	0
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DIPLOMAT PHARMACY, INC.</u>	D Employer Identification Number (EIN) <u>38-2063100</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<u>1</u>	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<u>3</u>	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<u>6c</u>		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST

AUDIT REPORT FOR THE YEAR ENDED
DECEMBER 31, 2010



August 10, 2011

INDEPENDENT AUDITOR'S REPORT

To the Administrator of the
Diplomat Pharmacy, Inc. Profit Sharing Plan and Trust

We were engaged to audit the financial statements of Diplomat Pharmacy, Inc. Profit Sharing Plan and Trust as of December 31, 2010 and 2009 and for the years then ended, and the supplemental schedule as of December 31, 2010 as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to certain information disclosed in Note C, which was certified by Principal Life Insurance Company and Principal Trust Company (subsidiaries of Principal Financial Group), the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustees, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Lewis & Knopf, P.C." in a cursive script.

LEWIS & KNOPF, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST

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DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
Investments, at Fair Value		
Funds Invested in Pooled Separate Investment Accounts		
With an Insurance Company	\$4,018,590	\$2,620,731
Self-Directed Brokerage Account		
Common Stocks	355,475	252,092
Mutual Funds	19,594	41,465
Total Investments	<u>\$4,393,659</u>	<u>\$2,914,288</u>
Receivables		
Employers' Contributions	0	205
Participants' Contributions	0	0
Notes Receivable from Participants	239,892	145,575
Total Receivables	<u>\$239,892</u>	<u>\$145,780</u>
<u>TOTAL ASSETS</u>	<u>\$4,633,551</u>	<u>\$3,060,068</u>
<u>LIABILITIES</u>		
Refundable Excess Contribution Payable	<u>43,088</u>	<u>0</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u><u>\$4,590,463</u></u>	<u><u>\$3,060,068</u></u>

See accompanying notes and auditor's report.

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
<u>ADDITIONS TO NET ASSETS ATTRIBUTED TO</u>		
Contributions		
Employer	\$308,221	\$259,505
Participants	730,215	576,710
Rollovers	91,959	84,126
Total Contributions	<u>\$1,130,395</u>	<u>\$920,341</u>
Investment Income		
Net Investment Gain from Pooled Separate Investment Accounts	524,086	454,754
Net Appreciation in Fair Value of Common Stocks	61,473	80,577
Net Appreciation (Depreciation) in Fair Value of Mutual Funds	738	(284)
Dividend Income	2,751	2,157
Total Investment Income	<u>\$589,048</u>	<u>\$537,204</u>
Interest Income on Notes Receivable from Participants	<u>9,368</u>	<u>5,810</u>
Total Additions	<u>\$1,728,811</u>	<u>\$1,463,355</u>
<u>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</u>		
Benefits Paid to Participants	141,290	77,590
Professional Services	22,000	0
Administration and Withdrawal Fees Paid to Trustee and Third-Party Administrator	35,126	22,500
Total Deductions	<u>\$198,416</u>	<u>\$100,090</u>
Net Increase in Net Assets Available for Benefits	<u>\$1,530,395</u>	<u>\$1,363,265</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR</u>	<u>3,060,068</u>	<u>1,696,803</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR</u>	<u>\$4,590,463</u>	<u>\$3,060,068</u>

See accompanying notes and auditor's report.

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

A) DESCRIPTION OF PLAN

The following description of the Diplomat Pharmacy, Inc. Profit Sharing Plan and Trust ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1) General

The Plan is a defined contribution plan covering all employees of Diplomat Pharmacy, Inc. and its related affiliates (collectively the "Company") who have two months of service and are of age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2) Contributions

Participants may defer up to 100% of their annual compensation, as defined in the Plan, not to exceed the limits of Internal Revenue Code Sections 401(k), 402(g), 404 and 415. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company may, at its discretion, make matching contributions or contribute additional amounts (i.e., profit sharing contributions). For 2010 and 2009, the Company elected to make safe harbor matching contributions equal to 100% of an employee's elective contributions up to 3% of compensation, and 50% of an employee's elective contributions between 3% and 5% of compensation. No discretionary profit sharing or other contributions have been made for 2010 or 2009. To qualify to share in the Company's contribution, an employee must have completed one year of credited service.

3) Participant Accounts

Each participant's account is credited with the participant's contributions (including any rollover of distributions received from other qualified plans) and allocations of (a) the Company's contribution, and (b) Plan earnings (losses) and expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4) Vesting

Participants are immediately vested in their voluntary contributions (including any rollover of distributions received from other qualified plans) and any Company's contributions qualifying as safe harbor contributions plus actual earnings thereon. For all other Company contributions, participants will be 0% vested for the first two years, 20% after two years, 40% after three years, 60% after four years, 80% after five years and 100% vested after six years of credited service.

5) Investment Options

Upon enrollment in the plan, participants direct the investment of their accounts into various investment options offered by the Plan. As of December 31, 2010, the Plan offers participants twenty-four investment options under a group annuity contract with Principal Life Insurance Company ("PLIC") including a self-directed brokerage account option. Participants may change their investment options at any time.

6) Payment of Plan Benefits

On termination of service due to death, disability or retirement, a participant will receive the value of his or her entire account. For termination of service due to other reasons, a participant will receive the value of the vested interest in his or her account. The actual benefit payment method used will depend on the participant's marital status as well as elections made by the participant and his or her spouse, if married. Generally, the benefits will be paid in the form of a 50% joint and survivor annuity, if married, or a life annuity, if unmarried, unless another form of benefit is elected. A participant may elect, with his or her spouse's consent, to receive a lump-sum amount or a different form of annuity.

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

A) DESCRIPTION OF PLAN (Continued)

6) Payment of Plan Benefits (Continued)

The Plan allows for automatic lump sum distributions of participant account balances that do not exceed \$1,000. If the account balance is greater than \$1,000 and less than or equal to \$5,000, and if a distribution election is not made within the required timeframe, that account will be rolled over into a Rollover IRA and invested in an investment designed to preserve principal and provide a reasonable rate of return and equity.

7) Forfeited Accounts

Forfeiture of a terminated participant's nonvested account occurs as of the earlier of a) the last day of the Plan year in which the former participant incurs five consecutive one year breaks in service, or b) the distribution of the entire vested portion of the participant's account. As of December 31, 2010, forfeited non-vested accounts total \$1,989. Forfeitures may first be used to pay plan expenses. Any forfeiture left after paying plan expenses are reallocated to eligible participants. Forfeitures of \$0 and \$105 were reallocated to eligible participants during 2010 and 2009, respectively.

8) Loans to Participants

Participants may borrow the lesser of one-half of their vested account balance or \$50,000. The minimum loan available is \$1,000. Loan terms range from one to five years unless the loan is used to buy a personal residence in which case the loan term can be longer. Participant loans are secured by the balance in the participant's account and are repaid through payroll deductions. Interest is earned on the participant loans at rates that equal rates being charged by commercial lenders for loans of comparable risk on similar terms and for similar durations.

9) Administrative Expenses

The Plan pays administration and withdrawal fees charged by Principal Financial Group and audit fees. All other administrative expenses are paid by the Company.

B) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1) Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

2) Reclassifications

Certain reclassifications of prior year amounts have been made to conform to the current year presentation.

3) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect reported amounts of assets and liabilities and charges therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

4) Recent Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Codification ("ASC") Update 2010-06, *Fair Value Measurements and Disclosures (Topic 820) - Improving Disclosures about Fair Value Measurements*. This guidance requires the reporting entity to disclose additional information on: (i) significant transfers in and out of Levels 1 and 2 measurements and reasons for the transfers; (ii) Level 3 gross purchases, sales, issuances, and settlements information; (iii) measurement disclosures by classes of assets and liabilities; and (iv) a description of the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. This guidance is effective for reporting periods beginning after December 15, 2009, except for the Level 3 disclosure requirements, which will be effective for fiscal years beginning after December 15, 2010 and interim periods

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

B) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

4) Recent Accounting Pronouncements (Continued)

within those fiscal years. The adoption of this guidance for level 1 and 2 disclosures did not have a material impact on the Plan's financial statements and is reflected, where applicable, throughout these financial statements. The expanded disclosures related to the Level 3 presentation will be included in the Plan's financial statements effective December 31, 2011 and plan management does not believe the adoption of the expanded Level 3 disclosures will have a material impact on the Plan's financial statements.

In September 2010, the FASB issued ASC Update 2010-25, *Plan Accounting – Defined Contribution Pension Plans (Topic 962) - Reporting Loans to Participants by Defined Contribution Pension Plans*. This guidance clarifies how loans to participants should be classified and measured. Participant loans are to be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Accordingly, the Plan's participant loans have been reported as notes receivable from plan participants rather than as plan investments on the Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009, and interest income on participant loans has been excluded from investment income on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010. In addition, participant loans are now excluded from the fair value disclosures in Note D. Adoption of this guidance represents a reclassification within the financial statements and had no impact on net assets available for benefits or changes therein.

In May 2011, the FASB issued ASC Update 2011-04, *Fair Value Measurements and Disclosures (Topic 820) – Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*. This guidance is intended to improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. Generally Accepted Accounting Principles ("GAAP") and International Financial Reporting Standards ("IFRSs"). The amendments are of two types: (i) those that clarify the Board's intent about the application of existing fair value measurement and disclosure requirements and (ii) those that change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. The update is effective for annual periods beginning after December 15, 2011. Plan management does not believe the adoption of this guidance will have a material impact on the Plan's financial statements.

5) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. FASB ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described as follows:

- Level 1 – Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.
- Level 2 – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These might include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability (such as interest rates, volatilities, prepayment speeds, credit risks, etc.) or inputs that are derived principally from or corroborated by market data by correlation or other means.
- Level 3 – Unobservable inputs for determining the fair values of assets or liabilities that reflect an entity's own assumptions about the assumptions that market participants would use in pricing the assets or liabilities.

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

B) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

5) Investment Valuation and Income Recognition (Continued)

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. In period of market inactivity, the observability of prices and inputs may be reduced for certain instruments. This condition could cause an instrument to be reclassified from Level 1 to Level 2 or from Level 2 to Level 3.

The following is a description of the valuation methodologies used for assets measured at fair value (there have been no changes in methodologies used at December 31, 2010 and 2009):

- Pooled Separate Accounts – Valued at the net asset value of units held by the Plan at year end reflecting the fair market value of its underlying investments.

Pooled separate accounts (other than the Principal U.S. Property Separate Account) invest primarily in domestic and international stocks, short-term securities such as commercial paper, fixed securities, or single mutual funds. The fair values of these pooled separate accounts are primarily based on quoted market prices for the underlying securities or similar instruments. These securities have been classified within Level 2 since the net asset value of the pooled separate account itself is not publicly quoted but the values are not dependent on the input of any significant judgments or assumptions by management.

The Principal U.S. Property Separate Account invests primarily in commercial real estate. The fair value of this pooled separate account is classified within Level 3.

The fair value of the underlying commercial real estate properties is determined by an independent consultant (the Valuation Consultant) and approved by U.S. Property separate account management. Appraisals are performed for each investment annually by independent third party MAI certified appraisers with all appraisals being performed in accordance with the Uniform Standard of Professional Appraisal Practice. Thereafter, values are updated daily by the Valuation Consultant based on changes in factors such as occupancy levels, lease rates, overall market conditions, and capital improvements. Determination of estimated fair value involves subjective judgment because the actual fair value of real estate can be determined only by negotiation between the parties in a sales transaction.

The values of real estate investments have been prepared giving consideration to the income, cost and sales comparison approaches of estimating property value. The income approach estimates an income stream for a property (typically ten years) and discounts this income plus a reversion (presumed sale) into a present value at a risk adjusted rate. Significant inputs to the income approach include discount rates, terminal capitalization rates, and rent information, including current and projected rental growth rates, all of which are derived from underlying lease contracts and market transactions, as well as other industry and market data. The cost approach estimates the replacement cost of the building less physical depreciation plus the land value. Generally, this approach provides a check on the value derived using the income approach. The sales comparison approach compares recent transactions to the appraised property. Adjustments are made for dissimilarities which typically provide a range of value. Generally, the income approach carries the most weight in the value reconciliation.

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

B) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

5) Investment Valuation and Income Recognition (Continued)

The values of real estate properties undergoing development have been prepared giving consideration to costs incurred to date and to key development risk factors, including entitlement risk, construction risk, leasing/sales risk, operation expense risk, credit risk, capital market risk, pricing risk, event risk and valuation risk. The fair value of properties undergoing development includes the timely recognition of estimated entrepreneurial profit after such consideration of the items identified above.

- Common Stocks – Valued at the closing price reported on the active market on which the individual securities are traded. These securities have been classified within Level 1.
- Mutual Funds – Valued at the net asset values of shares held by the Plan at year end as reported on the active market on which the mutual funds are traded. These securities have been classified within Level 1.

The preceding methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes that its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Interest and dividend income is recorded on the accrual basis.

6) Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

7) Payment of Plan Benefits

Plan benefits are recorded when paid.

8) Risks and Uncertainties

The Plan provides for various investment options in pooled separate accounts and a self-directed brokerage account. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

9) Subsequent Events

The Plan has evaluated subsequent events through August 10, 2011, the date the financial statements were available to be issued.

C) INVESTMENTS

Investments held by the Plan as of December 31, 2010 and 2009 are 100% participant directed. The following table presents plan assets as of December 31, 2010 and 2009 invested in funds with PLIC in pooled separate investment accounts or in funds held in a self-directed brokerage account, which were obtained from data that has been prepared and certified as complete and accurate by PLIC and Principal Trust Company (investments marked with an asterisk represent 5% or more of the Plan's net assets):

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

C) INVESTMENTS (Continued)

	2010		2009	
Principal Life Insurance Company Pooled Separate Investment Accounts, at Fair Value:				
Principal Money Market Sep Acct	\$ 256,718	*	\$ 216,846	*
Principal Bond Emphasis Balanced Sep Acct	27,324		20,987	
Principal Bond and Mortgage Sep Acct	291,333	*	197,224	*
Principal Core Plus Bond I Sep Acct	12,670		1,131	
Principal Inflation Protection Sep Acct	1,187		199	
Principal SmallCap Blend Sep Acct	48,039		33,461	
Principal SmallCap Growth I Sep Acct	348,877	*	189,255	*
Principal SmallCap Value II Sep Acct	75,944		29,708	
Principal MidCap Growth III Sep Acct	328,056	*	205,940	*
Principal MidCap S&P 400 Index Sep Acct	82,547		49,643	
Principal MidCap Value I Sep Acct	177,910		124,344	
Principal LargeCap Growth II Sep Acct	278,284	*	196,125	*
Principal LargeCap S&P 500 Index Sep Acct	338,595	*	251,267	*
Principal LargeCap Value I Sep Acct	44,107		35,072	
Principal Diversified International Sep Acct	117,389		85,101	
Principal International Emerging Markets Sep Acct	36,601		0	
Principal International SmallCap Sep Acct	315,512	*	214,444	*
Principal U.S. Property Sep Acct	87,183		56,786	
Russell LifePoints Balanced Strategy Sep Acct	252,655	*	178,232	*
Russell LifePoints Conserv Strategy Sep Acct	70,658		77,137	
Russell LifePoints Eqty Growth Strat Sep Acct	164,748		68,968	
Russell LifePoints Growth Strategy Sep Acct	574,762	*	343,378	*
Russell LifePoints Moderate Strategy Sep Acct	87,491		45,483	
	\$ 4,018,590		\$ 2,620,731	
Common Stocks, at Fair Value:				
Stryker Corporation	225,433		211,453	*
Other	130,042		40,639	
Mutual Funds, at Fair Value	19,594		41,465	
<u>TOTAL INVESTMENTS</u>	<u>\$ 4,393,659</u>		<u>\$ 2,914,288</u>	

Included in the statements of changes in net assets available for benefits for the years ended December 31, 2010 and 2009 is net investment gains from pooled separate investment accounts of \$524,086 and \$454,754, respectively, which was certified as complete and accurate by PLIC and dividend income of \$2,751 and \$7,967, respectively, and appreciation in fair value of the self-directed brokerage account of \$62,211 and \$80,293, respectively, which were certified as complete and accurate by Principal Trust Company.

D) FAIR VALUE

The following tables present the Plan's fair value hierarchy under ASC 820 for those assets measured at fair value as of December 31, 2010. At December 31, 2010, Level 3 assets comprised approximately 2% of the Plan's total investment portfolio fair value.

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

D) FAIR VALUE (Continued)

	Assets Measured at Fair Value at 12/31/10	Fair Value Measurements at 12/31/10 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled Separate Acct Funds				
Short-Term Fixed Income (a)	\$ 256,718	\$ 0	\$ 256,718	\$ 0
Fixed Income (b)	305,190	0	305,190	0
Small US Equity (c)	472,860	0	472,860	0
Mid US Equity (d)	588,513	0	588,513	0
Large US Equity (e)	660,986	0	660,986	0
International Equity (f)	469,502	0	469,502	0
Balanced/Asset Allocation (g)	1,177,638	0	1,177,638	0
Real Estate (h)	87,183	0	0	87,183
Common Stocks				
Medical Instruments & Supplies	225,433	225,433	0	0
Other	130,042	130,042	0	0
Mutual Funds				
Fixed Income (i)	19,594	19,594	0	0
	<u>\$ 4,393,659</u>	<u>\$ 375,069</u>	<u>\$ 3,931,407</u>	<u>\$ 87,183</u>

- (a) This category invests mainly in short-term securities such as commercial paper. The fair values of the investments in this category have been estimated using the net asset value per share of the underlying investment assets. There are no transfer restrictions applicable to this category.
- (b) This category invests mainly in fixed securities such as domestic and foreign corporate bonds, asset backed securities, commercial mortgage backed securities and government bonds. The fair values of the investments in this category have been estimated using the net asset value per share of the underlying investment assets. Investments in this category can be redeemed once every 30 days at the current net asset value per share based on the fair value of the underlying assets. Participants are not allowed to transfer back into this category until the 30-day period has expired. New contributions are allowed during this time period.
- (c) This category invests mainly in equity securities of U.S. companies with small market capitalization. Selected funds within this category may invest up to 25% of assets in foreign securities. The fair values of the investments in this category have been estimated using the net asset value per share of the underlying investment assets. Investments in this category can be redeemed once every 30 days at the current net asset value per share based on the fair value of the underlying assets. Participants are not allowed to transfer back into this category until the 30-day period has expired. New contributions are allowed during this time period.
- (d) This category invests mainly in equity securities of U.S. companies with medium market capitalization. Selected funds within this category may invest up to 25% of assets in foreign securities. The fair values of the investments in this category have been estimated using the net asset value per share of the underlying investment assets. Investments in this category can be redeemed once every 30 days at the current net asset value per share based on the fair value of the underlying assets. Participants are not allowed to transfer back into this category until the 30-day period has expired. New contributions are allowed during this time period.

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

D) FAIR VALUE (Continued)

- (e) This category invests mainly in equity securities of U.S. companies with large market capitalization. Selected funds within this category may invest up to 25% of assets in foreign securities. The fair values of the investments in this category have been estimated using the net asset value per share of the underlying investment assets. Investments in this category can be redeemed once every 30 days at the current net asset value per share based on the fair value of the underlying assets. Participants are not allowed to transfer back into this category until the 30-day period has expired. New contributions are allowed during this time period.
- (f) This category invests mainly in equity securities of non-U.S. companies with small to medium market capitalization. The fair values of the investments in this category have been estimated using the net asset value per share of the underlying investment assets. Investments in this category can be redeemed once every 30 days at the current net asset value per share based on the fair value of the underlying assets. Participants are not allowed to transfer back into this category until the 30-day period has expired. New contributions are allowed during this time period.
- (g) This category invests mainly in domestic and foreign equity securities, real estate investments and fixed-income funds according to an asset allocation strategy designed for investors having various investment time horizons. The fair values of the investments in this category have been estimated using the net asset value per share of the underlying investment assets. Investments in this category can be redeemed once every 30 days at the current net asset value per share based on the fair value of the underlying assets. Participants are not allowed to transfer back into this category until the 30-day period has expired. New contributions are allowed during this time period.
- (h) This category invests mainly in U.S. commercial real estate holdings including multifamily, office, warehouse, manufacturing, and retail properties. The fair values of the investments in this category have been estimated using the net asset value per share of the underlying investment assets. The fair values of the underlying investment assets are estimated using discounted cash flow valuation models that utilize public real estate market data inputs such as transaction prices, market rents, vacancy levels, leasing absorption, market cap rates and discounts rates. In addition, each real estate property is appraised annually by an independent appraiser. Investments in this category can be redeemed once every 30 days at the current net asset value per share based on the fair value of the underlying assets. Participants are not allowed to transfer back into this category until the 30-day period has expired. New contributions are allowed during this time period. In September 2008, a limitation was put into effect which delayed the payment of withdrawal requests and provided for payments of such requests on a pro rata basis as cash became available. As of December 31, 2010, the withdrawal limitation remains in place, however, the total outstanding balance subject to this withdrawal limitation was \$0. Subsequent to year end, payments were available to satisfy all withdrawal transaction requests through March 25, 2011 at which time the withdrawal limitation was rescinded.
- (i) This category invests mainly in fixed securities such as domestic and foreign corporate bonds, asset backed securities, commercial mortgage backed securities and government bonds. The fair values of the investments in this category have been estimated using the net asset value per share of the underlying investment assets. There are no transfer restrictions applicable to this category.

The following tables present the Plan's fair value hierarchy under ASC 820 for those assets measured at fair value as of December 31, 2009. At December 31, 2009, Level 3 assets comprised approximately 2% of the Plan's total investment portfolio fair value.

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

D) FAIR VALUE (Continued)

	Assets Measured at Fair Value at 12/31/09	Fair Value Measurements at 12/31/09 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled Separate Acct Funds				
Short-Term Fixed Income	\$ 216,846	\$ 0	\$ 216,846	\$ 0
Fixed Income	219,541	0	219,541	0
Small US Equity	252,424	0	252,424	0
Mid US Equity	379,927	0	379,927	0
Large US Equity	482,464	0	482,464	0
International Equity	299,545	0	299,545	0
Balanced/Asset Allocation	713,198	0	713,198	0
Real Estate	56,786	0	0	56,786
Common Stocks				
Medical Instruments & Supplies	211,453	211,453	0	0
Other	40,639	40,639	0	0
Mutual Funds				
Fixed Income	38,281	38,281	0	0
Other	3,184	3,184	0	0
	<u>\$ 2,914,288</u>	<u>\$ 293,557</u>	<u>\$ 2,563,945</u>	<u>\$ 56,786</u>

There were no transfer of investments between level 1 and level 2 inputs during the years ended December 31, 2010 and 2009.

The following table presents a reconciliation of Level 3 assets measured at fair value for the year ended December 31, 2010 for the pooled separate account funds:

	2010
Beginning Balance, January 1	\$ 56,786
Realized Gains or (Losses)	(7,878)
Unrealized Gains or (Losses) Relating to Instruments Still Held at the Reporting Date	18,301
Purchases, Issuances, Settlements, Net	19,974
Ending Balance, December 31, 2010	<u>\$ 87,183</u>

The following table presents a reconciliation of Level 3 assets measured at fair value for the year ended December 31, 2009 for the pooled separate account funds:

	2009
Beginning Balance, January 1	\$ 51,610
Total Realized and Unrealized Gains or (Losses)	(20,715)
Purchases, Issuances, Settlements, Net	25,891
Ending Balance, December 31, 2009	<u>\$ 56,786</u>

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

D) FAIR VALUE (Continued)

Total realized and unrealized gains or (losses) included in changes in net assets available for benefits for the years ended December 31, 2010 and 2009 for the pooled separate account funds are reported in:

	<u>2010</u>	<u>2009</u>
Net Investment Gain from Pooled Separate Investment Accounts	\$ 10,423	\$ (20,715)

E) RELATED PARTY-IN-INTEREST TRANSACTIONS

The Plan does not consider Company contributions to the Plan to be party-in-interest transactions. The Company provides certain administrative services to the Plan for which no fees are charged. The Company pays substantially all administrative expenses except for administration and withdrawal fees charged by Principal Financial Group and audit fees. Administration and withdrawal fees charged by Principal Financial Group, a party-in-interest to the Plan, totaled \$35,126 and \$22,500 for the years ended December 31, 2010 and 2009, respectively. Certain Plan investments are invested in pooled separate accounts managed by PLIC. PLIC is a trustee and recordkeeper of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

F) AMOUNTS ALLOCATED TO PARTICIPANTS WHO HAVE TERMINATED EMPLOYMENT

Benefit claims that have been processed and approved for payment prior to December 31, 2010 but not yet paid as of that date amounted to \$0.

G) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

H) TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service that the Plan is qualified under Section 401(a) of the Internal Revenue Code and therefore the related trust is exempt from taxation. The Plan has been amended and restated since receiving the determination letter – the latest restatements being effective January 1, 2008 and January 1, 2010 (to incorporate the amendments required by the Pension Protection Act of 2006). During 2010, the Plan adopted amendments required by the Heroes Earnings Assistance and Relief Tax Act of 2008. The Plan administrator believes that the Plan is being operated and is otherwise designed in compliance with the applicable requirements of the Internal Revenue Code and that the related trust continues to be tax-exempt as of December 31, 2010. Therefore, no provision for income taxes has been included in the financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would be sustained upon examination by the federal government. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is subject to income tax examinations for three years including 2010.

I) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as of December 31, 2010 and 2009 from the financial statements to Form 5500:

	<u>2010</u>	<u>2009</u>
Total Net Assets Available for Benefits per the Financial Statements	\$ 4,590,463	\$ 3,060,068
Add: Refundable Excess Contributions Payable as of December 31	43,088	0
<u>TOTAL NET ASSETS AVAILABLE FOR BENEFITS PER FORM 5500</u>	<u>\$ 4,633,551</u>	<u>\$ 3,060,068</u>

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

I) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of employer contributions for the years ended December 31, 2010 and 2009 from the financial statements to Form 5500:

	2010	2009
Employer Contributions per the Financial Statements	\$ 308,221	\$ 259,505
Add: Refundable Excess Contributions Payable as of December 31	43,088	0
<u>EMPLOYER CONTRIBUTIONS PER FORM 5500</u>	<u>\$ 351,309</u>	<u>\$ 259,505</u>

J) REFUNDABLE EXCESS CONTRIBUTIONS PAYABLE

The Company makes matching contributions equal to 100% of an employee's elective contributions up to 3% of compensation, and 50% of an employee's elective contributions between 3% and 5% of compensation. In December 2010, the matching contribution was computed incorrectly and \$43,088 was remitted to the Plan in error. The amounts accrued as refundable excess contributions payable represent contributions exceeding the matching contribution limits and will be refunded subsequent to December 31, 2010.

K) SUBSEQUENT EVENTS

Effective January 1, 2011, the Plan was amended and restated when a prototype plan sponsored by Principal Financial Group, which is subject of a favorable opinion letter from the Internal Revenue Service dated March 31, 2008, was adopted. There are no significant changes as a result of the restatement except that eligibility service requirements has been changed to 3 months for elective deferrals, matching contributions, and profit sharing contributions (previously, the eligibility periods were 2 months for elective deferrals and 1 year of service for matching contributions and profit sharing contributions).

Effective May 1, 2011, the Company terminated their group annuity contract with PLIC and adopted a prototype plan sponsored by Paychex, Inc., which is subject of a favorable opinion letter from the Internal Revenue Service dated March 31, 2008. Accordingly, all assets (approximately \$4.8 million) will be transferred from PLIC and Principal Trust Company to Counsel Trust D/B/A MATC, as custodian of Plan assets, with Paychex, Inc. serving as a third-party administrator. Significant changes in the Plan include:

- The Plan's name is changed to "Diplomat Specialty Pharmacy, Inc. 401(k) Profit Sharing Plan and Trust",
- Eligibility requirements will be 3 months for elective deferrals and matching contributions and 1 year of service for profit sharing contributions,
- Entry dates will now be the 1st day of every month (compared to current entry dates on the 1st day of every calendar quarter),
- Elective deferrals are limited to 92% of compensation and must be in increments of 1% (compared to current limit of 100% of compensation),
- Allocations of employer discretionary profit sharing plan contributions will be based upon an age weighted formula using a 8.5% interest rate and a 1984 mortality table (compared to the current use of an integrated formula),
- To share in the discretionary profit sharing plan contributions, an employee must only be employed as of the last day of the plan year (compared to being employed as of the last day of the plan year and working at least 500 hours during the plan year under current requirements),
- Forfeitures may be used to offset plan administrative expenses and then be applied to reduce employer contributions (compared to currently being used to offset plan administrative expenses and then being reallocated to participants),
- Early retirement is not longer permitted (compared to current early retirement date being the latter of age 55 or incurring 7 years of crediting service), and
- The Plan is no longer intended to comply with ERISA Section 404(c) which allows fiduciaries to transfer legal responsibility to the participant for the losses resulting from a participant's exercise of control over his or her account.

SUPPLEMENTAL SCHEDULE

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN AND TRUST

PLAN SPONSOR: DIPLOMAT PHARMACY, INC.

PLAN SPONSOR EIN: 38-2063100

PLAN NUMBER: 001

SCHEDULE H - LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
AS OF DECEMBER 31, 2010

(a)	(b)	(c)	(d)	(e)
Identify of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<u>PARTICIPANT-DIRECTED INVESTMENTS</u>				
* Principal Life Insurance Company	Group Annuity Contract			
Pooled Separate Investment Accounts				
* Principal Money Market Sep Acct		NR		\$256,718
* Principal Bond Emphasis Balanced Sep Acct		NR		27,324
* Principal Bond and Mortgage Sep Acct		NR		291,333
* Principal Core Plus Bond I Sep Acct		NR		12,670
* Principal Inflation Protection Sep Acct		NR		1,187
* Principal SmallCap Blend Sep Acct		NR		48,039
* Principal SmallCap Growth I Sep Acct		NR		348,877
* Principal SmallCap Value II Sep Acct		NR		75,944
* Principal MidCap Growth III Sep Acct		NR		328,056
* Principal MidCap S&P 400 Index Sep Acct		NR		82,547
* Principal MidCap Value I Sep Acct		NR		177,910
* Principal LargeCap Growth II Sep Acct		NR		278,284
* Principal LargeCap S&P 500 Index Sep Acct		NR		338,595
* Principal LargeCap Value I Sep Acct		NR		44,107
* Principal Diversified International Sep Acct		NR		117,389
* Principal International Emerging Markets Sep Acct		NR		36,601
* Principal International SmallCap Sep Acct		NR		315,512
* Principal U.S. Property Sep Acct		NR		87,183
* Russell LifePoints Balanced Strategy Sep Acct		NR		252,655
* Russell LifePoints Conserv Strategy Sep Acct		NR		70,658
* Russell LifePoints Eqty Growth Strat Sep Acct		NR		164,748
* Russell LifePoints Growth Strategy Sep Acct		NR		574,762
* Russell LifePoints Moderate Strategy Sep Acct		NR		87,491
Self-Directed Brokerage Account		NR		375,069
* Notes Receivable from Participants	Interest Rates Ranging from 5.25% to 9.50% with Scheduled Maturity Dates Between March 2011 and October 2040		\$0	239,892
<u>TOTAL PARTICIPANT-DIRECTED INVESTMENTS</u>				<u>\$4,633,551</u>

(a) An asterisk in this column identifies a person known to be party-in-interest.

NR Cost data is not required for participant-directed investments.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN
AND TRUST
EIN 38-2063100
PLAN NUMBER 001
PLAN YEAR 01/01/2010 TO 12/31/2010

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	FEDERATED INVESTORS, INC.	Registered Investment Company FEDERATED CAPITAL RESERVES	\$ 0.00	\$ 19,593.65
	FORD MOTOR COMPANY	Corporate Stock - Common FORD MOTOR CO DEL COM PAR	\$ 0.00	\$ 33,580.00
	KROGER COMPANY	Corporate Stock - Common KROGER CO	\$ 0.00	\$ 20,124.00
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Bond and Mortgage SA-R6	\$ 0.00	\$ 291,332.77
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Bond Emph Bal Sep Acct-R6	\$ 0.00	\$ 27,324.29
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Core Plus Bond I SA-R6	\$ 0.00	\$ 12,669.94
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Diversified Intl SA-R6	\$ 0.00	\$ 117,389.07
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Inflation Protect SA-R6	\$ 0.00	\$ 1,187.44
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Intl SmallCap Sep Acct-R6	\$ 0.00	\$ 315,512.20
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LargeCap Growth II SA-R6	\$ 0.00	\$ 278,284.25
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LargeCap Value I SA-R6	\$ 0.00	\$ 44,107.24
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap S&P 500 Index SA-R6	\$ 0.00	\$ 338,595.14
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Growth III SA-R6	\$ 0.00	\$ 328,056.45
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-R6	\$ 0.00	\$ 82,546.59
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value I SA-R6	\$ 0.00	\$ 177,909.74

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DIPLOMAT PHARMACY, INC. PROFIT SHARING PLAN
AND TRUST
EIN 38-2063100
PLAN NUMBER 001
PLAN YEAR 01/01/2010 TO 12/31/2010

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Money Market Sep Acct-R6	\$ 0.00	\$ 256,717.68
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmallCap Growth I SA-R6	\$ 0.00	\$ 348,877.01
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmallCap Value II SA-R6	\$ 0.00	\$ 75,943.97
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap Blend Sep Acct-R6	\$ 0.00	\$ 48,038.60
*	Principal Life Insurance Company	Pooled Separate Accounts Prin U.S. Property Sep Acct-R6	\$ 0.00	\$ 87,182.85
	PETSMART, INC.	Corporate Stock - Common PETSMART INC	\$ 0.00	\$ 3,982.00
	POWER 3 MEDICAL PRODUCTS INC	Corporate Stock - Common POWER 3 MED PRODS INC COM	\$ 0.00	\$ 220.40
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN INTL EMERG MARKETS SA-R6	\$ 0.00	\$ 36,600.73
*	Principal Life Insurance Company	Pooled Separate Accounts Russ Lfpt Eq Growth Str SA-R6	\$ 0.00	\$ 164,747.88
*	Principal Life Insurance Company	Pooled Separate Accounts Russ LifePoint Grwth Str SA-R6	\$ 0.00	\$ 574,762.57
*	Principal Life Insurance Company	Pooled Separate Accounts Russ LifePoints Bal Str SA-R6	\$ 0.00	\$ 252,655.56
*	Principal Life Insurance Company	Pooled Separate Accounts Russ LifePoints Con Str SA-R6	\$ 0.00	\$ 70,657.66
*	Principal Life Insurance Company	Pooled Separate Accounts Russ LifePoints Mod Str SA-R6	\$ 0.00	\$ 87,490.70
	RITE AID CORPORATION	Corporate Stock - Common RITE AID CORP	\$ 0.00	\$ 6,535.68
	SIRIUS XM RADIO INC	Corporate Stock - Common SIRIUS XM RADIO INC COM	\$ 0.00	\$ 65,600.00

