

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DELTA DENTAL PLAN OF MICHIGAN INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 4100 OKEMOS ROAD City or town, state or province, country, and ZIP or foreign postal code OKEMOS, MI 48864 F Name and address of principal officer LAURA L CZELADA 4100 OKEMOS ROAD OKEMOS, MI 48864	D Employer identification number 38-1791480 E Telephone number (517) 349-6000 G Gross receipts \$ 1,612,452,948
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
J Website: WWW DDPMI COM		L Year of formation 1957 M State of legal domicile MI
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O DELTA DENTAL OF MICHIGAN'S MISSION IS TO ADVANCE AND PROMOTE THE IMPROVEMENT OF ORAL HEALTH THROUGH PREPAID DENTAL SERVICES, SUPPORT FOR RESEARCH AND EDUCATION, AND COMMUNITY OUTREACH DIRECTED TOWARD SECURING ACCESS TO QUALITY DENTAL CARE FOR ALL		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	993
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	66,818
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-3,312
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,418,932,444	1,476,068,935
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,954,065	7,358,398
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,697,337	62,852,240
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,481,583,846	1,546,279,573
	14 Benefits paid to or for members (Part IX, column (A), line 4)	98,210	6,158,854
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	79,566,773	78,814,833
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,346,449,001	1,394,745,623
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,426,113,984	1,479,719,310	
19 Revenue less expenses Subtract line 18 from line 12	55,469,862	66,560,263	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	485,073,759	569,056,072
	22 Net assets or fund balances Subtract line 21 from line 20	177,476,965	148,073,130
		307,596,794	420,982,942

Part II Signature Block

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

Sign Here	***** Signature of officer		
	GORAN JURKOVIC CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name DAVID LOWENTHAL CPA	Preparer's signature	
	Firm's name \rightarrow PLANTE & MORAN PLLC		
	Firm's address \rightarrow 1111 MICHIGAN AVE PO BOX 2500 EAST LANSING, MI 488262500		

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

SEE SCHEDULE O DELTA DENTAL OF MICHIGAN'S MISSION IS TO ADVANCE AND PROMOTE THE IMPROVEMENT OF ORAL HEALTH THROUGH PREPAID DENTAL SERVICES, SUPPORT FOR RESEARCH AND EDUCATION, AND COMMUNITY OUTREACH DIRECTED TOWARD SECURING ACCESS TO QUALITY DENTAL CARE FOR ALL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,423,740,275 including grants of \$ 6,158,854) (Revenue \$ 1,538,541,904) PROMOTING DENTAL CARE DELTA DENTAL PLAN OF MICHIGAN, INC IS A LEADING PREPAID DENTAL BENEFITS PROVIDER IN THE MIDWEST THE PURPOSE OF THE ORGANIZATION IS TO ADVANCE AND PROMOTE THE IMPROVEMENT OF ORAL HEALTH THIS IS DONE BY OFFERING INNOVATIVE, COST-EFFECTIVE PRODUCTS THAT MEET THE NEEDS OF CUSTOMERS THIS WAS DEMONSTRATED IN 2013 BY PAYING OUT OVER \$1.3 BILLION FOR DENTAL CARE AND PROVIDING DENTAL BENEFITS FOR THE PUBLIC AND ADVANCING THE SCIENCE OF DENTISTRY IN ADDITION, OVER 8 MILLION CLAIMS WERE PROCESSED FOR OVER 2.4 MILLION SUBSCRIBERS SEE SCHEDULE O FOR CONTINUATION COST SAVING STRATEGIES DELTA DENTAL BENEFIT PLANS ARE COMMITTED TO SAVING GROUPS AND SUBSCRIBERS MONEY THE DELTA DIFFERENCE IS AN INTEGRATION OF ACTIVITIES, SUCH AS COST MANAGEMENT POLICIES, FEE REDUCTION AGREEMENTS WITH DENTISTS, AND AN ANTI-FRAUD HOTLINE, PUT TO WORK ENSURING QUALITY, COST-EFFECTIVE DENTAL BENEFIT DELIVERY THE DELTA DIFFERENCE HELPS KEEP OUR TREND BELOW THE NATIONAL INFLATIONARY TREND IN DENTAL BENEFITS IN 2013, THE DELTA DIFFERENCE SAVED GROUPS AND SUBSCRIBERS APPROXIMATELY \$1.1 BILLION DELTA DENTAL'S INDUSTRY LEADING TECHNOLOGY PLATFORM, ENTERPRISE TECHNOLOGY SOLUTIONS (ETS), HAS BEEN INTERNATIONALLY RECOGNIZED AS PROVIDING THE BEST IN FAST, FLEXIBLE SERVICE INCLUDING ONLINE, REAL-TIME CLAIMS PROCESSING DELTA DENTAL'S CONTINUED PRIORITY IS TO REDUCE COSTS AND IMPROVE SERVICE BY INCREASING THE VOLUME OF CLAIMS THAT ARE SUBMITTED ELECTRONICALLY IN 2013, AN ESTIMATED 80% OF CLAIMS WERE SUBMITTED ELECTRONICALLY, WHICH REPRESENTS A 2% INCREASE FROM THE PREVIOUS YEAR, AND MORE THAN 95% OF ALL CLAIMS - ELECTRONIC, ONLINE AND PAPER - WERE PROCESSED WITHOUT ANY MANUAL INTERVENTION QUALITY INITIATIVES AND RESULTS BRINGING QUALITY TO ALL WE DO IS THE QUALITY POLICY FOR DELTA DENTAL PLAN OF MICHIGAN, INC THE AFFILIATED DELTA DENTAL PLANS OF MICHIGAN, OHIO AND INDIANA HOLD THE PRESTIGIOUS ISO 9001 CERTIFICATION, UNDERSCORING OUR COMMITMENT TO PROVIDING QUALITY PRODUCTS AND SERVICES THAT SURPASS CUSTOMER'S EXPECTATIONS QUALITY STANDARDS ARE EXTREMELY RIGOROUS AND GUARANTEE THAT DELTA DENTAL HAS DOCUMENTED ITS QUALITY PROCEDURES AND SYSTEMS THROUGHOUT THE COMPANY THE LONGSTANDING COMMITMENT TO PROVIDING QUALITY TO CUSTOMERS, DENTISTS, SUBSCRIBERS AND OTHER BUSINESS PARTNERS HAS NOW BEEN INTERNATIONALLY RECOGNIZED QUALITY SERVICE IS ALSO MEASURED THROUGH INTERNAL AUDITS RESULTS INDICATE OVER 96.8 PERCENT OF CLAIMS ARE PROCESSED WITHIN 10 WORKING DAYS COMMITMENT TO THE COMMUNITY DELTA DENTAL PLAN OF MICHIGAN, INC BELIEVES ADVANCES IN DENTAL RESEARCH AND ENHANCED EDUCATIONAL OPPORTUNITIES FOR DENTISTS GO A LONG WAY TOWARD IMPROVING ORAL HEALTH THE COMPANY IS A KEY PLAYER IN GROUNDBREAKING RESEARCH ON TRENDS IN ORAL HEALTH THE DELTA DENTAL FUND, THE COMPANY'S PHILANTHROPIC AFFILIATE, ENCOURAGES ADVANCES IN DENTISTRY AND SUPPORTS DENTAL EDUCATION AND RESEARCH ONLY AN ORGANIZATION OF DELTA DENTAL'S SIZE AND EXPERIENCE IN THE BENEFITS FIELD WOULD HAVE OVER 26 YEARS WORTH OF EXTENSIVE DATA REGARDING DENTAL TREATMENT PATTERNS OVER EXTENDED PERIODS OF TIME BECAUSE OF ITS COMMITMENT TO ADVANCING THE SCIENCE OF DENTISTRY, EACH YEAR THE COMPANY GRANTS RESEARCHERS AT FIVE DENTAL SCHOOLS IN MICHIGAN, OHIO AND INDIANA ACCESS TO THIS IMPORTANT INFORMATION TO STUDY ORAL HEALTH TRENDS THE RESULTS OF THEIR STUDIES WILL ADD SIGNIFICANT DATA TO THE BODY OF KNOWLEDGE IN THE FIELD OF DENTISTRY SINCE IT WAS FORMED IN 1980, THE DELTA DENTAL FUND HAS GRANTED OVER \$18 MILLION TOWARD THE ADVANCEMENT OF DENTAL SCIENCE AND IMPROVEMENT OF THE ORAL HEALTH OF THE PUBLIC DELTA DENTAL FUND REGULARLY PROVIDES FUNDING FOR PROGRAMS THAT HELP AT-RISK POPULATIONS AND INDIVIDUALS WITH SPECIAL NEEDS OBTAIN DENTAL TREATMENT, FOR SCHOLARSHIP AND LEADERSHIP AWARDS TO DENTAL STUDENTS, FOR GRANTS TO PURCHASE LEARNING TOOLS AND OTHER PROGRAMS TO DENTAL SCHOOLS, FOR CONTINUING EDUCATION PROGRAMS FOR THE DENTAL PROFESSION, AND FOR EDUCATIONAL MATERIALS ON THE IMPORTANCE OF ORAL HEALTH AND HAZARDS TO ORAL HEALTH IN 2013, DELTA DENTAL FUND PROVIDED GRANTS TOTALING OVER \$1.3 MILLION FOR DENTAL AND COMMUNITY RELATIONS PROJECTS AMONG THEM WERE GRANTS TO THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, THE SEAL INDIANA PROGRAM, AND THE OHIO DEPARTMENT OF HEALTH TO SUPPORT COMMUNITY WATER FLUORIDATION AND DENTAL SEALANT PROGRAMS DELTA DENTAL PLAN OF MICHIGAN IS ALSO COMMITTED TO THE COMMUNITY DELTA DENTAL HAS ALWAYS BEEN KEENLY AWARE OF ITS CIVIC AND SOCIAL RESPONSIBILITY DELTA DENTAL PLANS ARE PROUD TO SHARE, THROUGH DIRECT FINANCIAL CONTRIBUTIONS, WITH HUNDREDS OF COMMUNITY AGENCIES AND GROUPS IN ADDITION, EMPLOYEES LOG COUNTLESS HOURS OF THEIR OWN TIME AS VOLUNTEERS COMMUNITY SUPPORT GENERALLY FALLS UNDER THE BROAD CATEGORIES THAT PROVIDE SUPPORT TO AGENCIES AND INSTITUTIONS SERVING CHILDREN, SENIORS, LOW-INCOME INDIVIDUALS, MINORITIES, AND THE DISABLED AND AT-RISK INDIVIDUALS, TO ORGANIZATIONS THAT PROMOTE EDUCATION, ARTS AND RECREATION AND COMMUNITY DEVELOPMENT, AND TO CHARITABLE PROJECTS OR PROGRAMS RECOMMENDED BY EMPLOYEES, CUSTOMERS, PARTICIPATING DENTISTS AND OTHER KEY GROUPS THROUGH A PUBLIC-PRIVATE PARTNERSHIP WITH THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, DELTA DENTAL ADMINISTERS THE HEALTHY KIDS DENTAL AND MICHILD PROGRAMS HEALTHY KIDS DENTAL IS A DENTAL BENEFITS PROGRAM FOR MEDICAID BENEFICIARIES UNDER AGE 21 IT IS AVAILABLE IN 78 COUNTIES AND COVERS BASIC DENTAL HEALTH BENEFITS SUCH AS X-RAYS, CLEANINGS, CAVITY FILLINGS, ROOT CANALS, TOOTH EXTRACTIONS AND DENTURES APPROXIMATELY 442,000 MICHIGAN CHILDREN ARE SERVED BY THIS PROGRAM MICHILD IS AN INSURANCE PROGRAM THAT IS STATE AND FEDERALLY FUNDED WHICH MAKES COMPREHENSIVE HEALTH AND DENTAL COVERAGE AVAILABLE TO UNINSURED LOW AND MIDDLE INCOME CHILDREN UNDER 19 YEARS OF AGE DELTA DENTAL PLAN OF MICHIGAN HAS APPLIED ITS ADMINISTRATIVE EXPERTISE AND DENTIST NETWORKS TO IMPROVING ORAL HEALTH CARE FOR THIS SEGMENT OF THE POPULATION ALSO UNEQUALED ACCESS TO DENTISTS THE BENEFITS OF DELTA DENTAL ARE NOW AVAILABLE BEYOND THIS NATION'S BORDERS THROUGH A PARTNERSHIP WITH INTERNATIONAL SOS ASSISTANCE, INC, DELTA DENTAL ENROLLEES CAN NOW RECEIVE EXPERT TREATMENT FOR NON-EMERGENCY AND EMERGENCY DENTAL CARE WHEN THEY ARE OUTSIDE OF THE UNITED STATES FOR FIVE DECADES, DELTA DENTAL HAS HELPED PROMOTE ORAL HEALTH BY DESIGNING AND ADMINISTERING INNOVATIVE, COST-EFFECTIVE DENTAL BENEFIT PROGRAMS EXPERTS AT PLAN DESIGN, DELTA DENTAL HAS CREATED DENTAL BENEFIT PROGRAMS THAT MEET CUSTOMER COST-OBJECTIVES WHILE HELPING TO IMPROVE AND MAINTAIN ORAL HEALTH THE PROGRAMS FEATURE LARGE PANELS OF FULL-TIME PARTICIPATING DENTISTS IN FACT, 3 OUT OF 4 DENTISTS NATIONWIDE PARTICIPATE WITH DELTA DENTAL THIS KIND OF REACH HAS ENABLED MILLIONS OF PEOPLE TO RECEIVE COST-EFFECTIVE DENTAL CARE DELTA DENTAL'S GROUP MEMBERS ARE AFFORDED ADDED PROTECTION BECAUSE THEY GUARANTEE THAT PARTICIPATING DENTISTS WILL ACCEPT THEIR PAYMENT FOR COVERED SERVICES AND THAT NO CHARGES, OTHER THAN CO-PAYMENTS AND DEDUCTIBLES WILL BE BILLED THIS LOWERS CLAIM COSTS FOR CUSTOMERS AND REDUCES OUT-OF-POCKET COSTS FOR SUBSCRIBERS WITH TWO NETWORKS OF FULL-TIME PARTICIPATING DENTISTS IN ONE INTEGRATED CLAIMS SYSTEM, DELTA DENTAL CAN DELIVER TO CUSTOMERS AND GROUP MEMBERS, THE GREATEST ACCESS AT THE BEST COST














4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,423,740,275

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 GORAN JURKOVIC CHIEF FINANCIAL OFFICER 4100 OKEMOS ROAD
 OKEMOS, MI 48864 (517) 349-6000

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	DENTAL CARE REVENUE	624100	1,476,002,117	1,476,002,117		
	b	EXTERNAL SERVICES	524292	66,818		66,818	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,476,068,935			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,628,261		5,628,261
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	64,592,718			
			(ii) Other		3,310,794		
			b Less cost or other basis and sales expenses	62,894,579		3,278,796	
			c Gain or (loss)	1,698,139		31,998	
d		Net gain or (loss)		1,730,137		1,730,137	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b		Less direct expenses b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances a						
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	ADMINISTRATIVE REIMBUR	900099	62,052,675	62,052,675			
b	MISCELLANEOUS INCOME	900099	799,565	487,112	312,453		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		62,852,240				
12	Total revenue. See Instructions		1,546,279,573	1,538,541,904	66,818	7,670,851	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,158,854	6,158,854		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	12,352,726	8,029,272	4,323,454	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	51,052,658	28,734,305	22,318,353	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,769,856	768,346	1,001,510	
9	Other employee benefits	9,345,452	5,264,461	4,080,991	
10	Payroll taxes	4,294,141	2,468,961	1,825,180	
11	Fees for services (non-employees)				
a	Management	2,103,158	1,083,699	1,019,459	
b	Legal	667,922		667,922	
c	Accounting	328,835		328,835	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	103,573		103,573	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,335,769,808	1,332,334,938	3,434,870	
12	Advertising and promotion	2,801,323	621,710	2,179,613	
13	Office expenses	11,555,081	9,924,044	1,631,037	
14	Information technology	6,468,024	4,716,310	1,751,714	
15	Royalties				
16	Occupancy	2,936,762	1,210	2,935,552	
17	Travel	3,169,316	2,471,276	698,040	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	482,949	184,237	298,712	
20	Interest	57,612		57,612	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,201,226	3,536,142	5,665,084	
23	Insurance	585,397		585,397	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	COMMISSIONS	11,213,318	11,213,318	0	
b	PROCESSING FEES	3,763,394	3,763,394	0	
c	RISK SHARE CHARGES	1,914,835	1,810,598	104,237	
d	MEMBERSHIP DUES	1,038,229	111,159	927,070	
e	All other expenses	584,861	544,041	40,820	
25	Total functional expenses. Add lines 1 through 24e	1,479,719,310	1,423,740,275	55,979,035	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,117	1	2,119
	2 Savings and temporary cash investments	89,369,594	2	43,931,787
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	73,476,537	4	88,529,604
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,546,504	9	22,765,302
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 188,995,069		
	b Less accumulated depreciation	10b 88,225,686	106,005,745	10c 100,769,383
	11 Investments—publicly traded securities	153,954,258	11	243,757,229
	12 Investments—other securities See Part IV, line 11	41,638,150	12	64,620,703
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,080,854	15	4,679,945
16 Total assets. Add lines 1 through 15 (must equal line 34)	485,073,759	16	569,056,072	
Liabilities	17 Accounts payable and accrued expenses	43,983,611	17	50,851,474
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	133,493,354	25	97,221,656
	26 Total liabilities. Add lines 17 through 25	177,476,965	26	148,073,130
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	15,744,473	30	15,744,473
	31 Paid-in or capital surplus, or land, building or equipment fund	5,122,500	31	5,122,500
	32 Retained earnings, endowment, accumulated income, or other funds	286,729,821	32	400,115,969
33 Total net assets or fund balances	307,596,794	33	420,982,942	
34 Total liabilities and net assets/fund balances	485,073,759	34	569,056,072	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,546,279,573
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,479,719,310
3	Revenue less expenses Subtract line 2 from line 1	3	66,560,263
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	307,596,794
5	Net unrealized gains (losses) on investments	5	9,652,873
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	37,173,012
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	420,982,942

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 38-1791480

Name: DELTA DENTAL PLAN OF MICHIGAN INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH C HARRIS DDS VICE CHAIRPERSON	5 00 6 00	X		X				28,202	6,100	0
BRUCE R SMITH CHAIRPERSON	5 00 12 00	X		X				35,100	22,540	0
KELLY JUBB SCHEIDERER SECRETARY/TREASURER	5 00 10 00	X		X				11,040	3,570	17,500
DOUGLAS R ANDERSON DIRECTOR	5 00 11 00	X						14,749	7,120	13,700
JOSHUA S HOWIE DIRECTOR	5 00 5 00	X						20,700	500	0
BRUCE BAIRD DDS DIRECTOR	5 00 12 00	X						16,700	78,825	0
FATHER JACK H BAKER DIRECTOR	5 00 5 00	X						11,600	0	0
LISA DANCOSK DIRECTOR	5 00 5 00	X						21,400	2,100	0
RORY GAMBLE DIRECTOR	5 00 5 00	X						18,600	0	0
JEFFREY A KELLER DIRECTOR	5 00 5 00	X						2,100	0	0
TERRI A MILLER CPCU MEMBER-AT-LARGE	5 00 5 00	X						22,800	2,100	0
TIMOTHY E MOFFIT DBA MEMBER-AT-LARGE	5 00 10 00	X						26,802	8,540	0
C RICHARD SEITZ DIRECTOR	5 00 8 00	X						20,000	17,000	0
TERENCE R COMAR DDS MS IMMEDIATE PAST CHAIRPERSON	5 00 7 00	X						54,900	9,800	0
JAMES P HALLAN IMMEDIATE PAST CHAIR THRU 5/15/13	5 00 11 00	X						23,829	13,950	0
THOMAS FLESZAR DDS MS DIRECTOR	5 00 5 00	X						490,952	0	0
STEPHEN A EKLUND DIRECTOR	5 00 1 00	X						3,500	112,500	0
ANN MARIE FLERMOEN DIRECTOR	5 00 11 00	X						12,629	2,950	16,240
KURT D GALLIGER DIRECTOR	5 00 5 00	X						13,300	8,400	0
LAURA L CZELADA CPA CEO, PRESIDENT	37 00 13 00			X				1,770,139	0	2,129,409
GORAN JURKOVIC CPA CHIEF FINANCIAL OFFICER	19 50 30 50			X				717,169	0	345,991
LUIGI BATTAGLIERI SR V-P, CHEIF RELATIONSHI	50 00 0 00				X			444,395	0	40,517
BRENDA LAIRD V-P INFORMATION TECHNOLOGY	50 00 0 00				X			1,107,425	0	62,285
KAREN GREEN V-P INFORMATICS/QUALITY	50 00 0 00				X			298,360	0	31,560
RANDY TASCO V-P CHIEF MARKETING OFFICER	50 00 0 00				X			492,523	0	292,052

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD ZOBECK	40 00									
CHIEF ADMINISTRATION OFFICER	10 00				X		1,129,821	0	61,786	
NANCY HOSTETLER	50 00				X		406,868	0	18,730	
SR V-P, CHIEF OF STAFF	1 00				X		726,468	0	61,629	
JED JACOBSON DDS MS MPH	50 00				X		479,925	0	173,693	
SR V-P, PROFESSIONAL SERV	0 00				X		317,312	0	26,204	
TOBY HALL	50 00				X		288,177	0	44,827	
SR V-P- CHIEF ACTUARY	0 00				X		286,644	0	33,913	
JON GROAT	42 00				X		246,771	0	85,539	
V-P GENERAL COUNSEL	8 00				X		248,564	0	43,718	
ANTHONY ROBINSON	50 00						226,678	0	70,466	
V-P, SALES	0 00						275,423	0	0	
DANIEL LOVEJOY	50 00									
MANAGER SALE & ACCOUNT MGT	0 00									
DAVID FITZKE	50 00									
V-P, CLIENT & CLAIMS SVS	0 00									
JOADI KECK	50 00									
V-P, HR & ADMINISTRATION	0 00									
BRADLEY ROSS	50 00									
V-P, ECOMMERCE APPLICATION & SUPPORT	0 00									
SHERRY CRISP	50 00									
FORMER SR V-P, OPERATIONS	0 00					X				

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization DELTA DENTAL PLAN OF MICHIGAN INC

Employer identification number

38-1791480

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,859,592		7,859,592
b Buildings		103,372,742	24,841,426	78,531,316
c Leasehold improvements				
d Equipment		23,921,185	19,735,846	4,185,339
e Other		53,841,550	43,648,414	10,193,136
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				100,769,383

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	AS OF DECEMBER 31, 2013 AND 2012, THE ENTERPRISE'S UNRECOGNIZED TAX BENEFITS WERE NOT SIGNIFICANT THERE WERE NO SIGNIFICANT PENALTIES OR INTEREST RECOGNIZED DURING THE YEARS OR ACCRUED AT YEAR END THE ENTERPRISE IS NO LONGER SUBJECT TO TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2010

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization DELTA DENTAL PLAN OF MICHIGAN INC

Employer identification number 38-1791480

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Contains 6 rows of data.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	<p>CONTRIBUTIONS ARE MADE AT BOARD MEMBER DISCRETION TO ORGANIZATIONS THAT SUPPORT DELTA DENTAL PLAN OF MICHIGAN'S MISSION IN ORDER FOR FUNDS TO BE DISBURSED, VOUCHER RECORDS MUST PASS THROUGH THE APPROVAL PROCESS, SIMILAR TO ANY OTHER EXPENDITURE MADE BY DELTA DENTAL PLAN OF MICHIGAN SUPPORT OF THE NATIONAL BLESSINGS IN A BACKPACK PROGRAM, WHICH PROVIDES WEEKEND FOOD BACKPACKS TO IMPOVERISHED ELEMENTARY SCHOOL CHILDREN DURING THE 2012-13 SCHOOL YEAR, WE PROVIDED \$69,000 TO PAY FOR WEEKLY FOOD FOR 1,295 CHILDREN DURING THE 2013-14 SCHOOL YEAR, WE SPENT \$74,000 WHICH PROVIDED FOOD FOR 1,309 STUDENTS IN ADDITION TO PROVIDING FUNDING, DELTA DENTAL OF MICHIGAN EMPLOYEES VOLUNTEER ON A WEEKLY BASIS AT FAIRVIEW ELEMENTARY SCHOOL IN LANSING, MICHIGAN TO PACK AND DISTRIBUTE THE BACKPACKS SEVENTY-FIVE OF OUR EMPLOYEES VOLUNTEERED FOR MICHIGAN'S FIRST-EVER MISSION OF MERCY AT SAGINAW VALLEY STATE UNIVERSITY, WHERE ALMOST 1,300 UNINSURED PATIENTS RECEIVED FREE DENTAL CARE VALUED AT CLOSE TO \$1 MILLION CELEBRATION OF NATIONAL READING MONTH, WHICH INCLUDED 79 EMPLOYEE VOLUNTEER READERS VISITING AREA CLASSROOMS TO READ TO CHILDREN AND SHARE ORAL HEALTH INFORMATION AND MATERIALS, THE CREATION OF 1,200 FIRST GRADE READING/ORAL HEALTH TOTE BAGS CONTAINING READING AND ORAL HEALTH RESOURCES WHICH STATE LEGISLATORS DELIVERED TO CLASSROOMS THEY VISITED IN THEIR DISTRICTS, DELTA DENTAL OF MICHIGAN SPONSORED ORAL HEALTH STORY HOURS FOR LIBRARIES THAT ARE MEMBERS OF THE CAPITAL AREA LIBRARIES ASSOCIATION HOSTING THE RONALD MCDONALD HOUSE OF MID-MICHIGAN'S 2013 RACE FOR THE HOUSE EVENTS, WHICH WERE HELD ON DELTA DENTAL OF MICHIGAN'S CAMPUS IN ADDITION TO PROVIDING THE VENUE AT NO CHARGE, EMPLOYEES VOLUNTEERED TO HELP WITH THE EVENT</p>

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL PLAN OF MICHIGAN INC

Employer identification number

38-1791480

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	FIRST CLASS TRAVEL AVAILABLE TO KEY EMPLOYEES THIS AMOUNT WAS TREATED AS NONTAXABLE TO THE KEY EMPLOYEE TRAVEL FOR COMPANIONS RELATED TO TRAVEL FOR A SPOUSE THIS AMOUNT WAS TREATED AS TAXABLE TO THE BOARD MEMBER OR EMPLOYEE VARIOUS INDIVIDUALS ON SCHEDULE J ARE ELIGIBLE FOR REIMBURSEMENT OF SUBSTANTIATED HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES THAT HAVE A BUSINESS PURPOSE THIS BENEFIT IS NOT TAXABLE BUT THE EXPENSE MUST BE SUBSTANTIATED AS A BUSINESS EXPENSE
PART I, LINE 3	OUTSIDE COMPENSATION CONSULTANTS ARE USED TO DETERMINE MARKET DATA FOR THE EXECUTIVE POSITIONS AND FOR OTHER OFFICERS AND KEY EMPLOYEES THE POSITIONS COVERED ARE THE CEO, COO, CAO, CIO, CRO, CHIEF ACTUARY, CFO, AND CSO THE ORGANIZATION CONTRACTS WITH TOWERS WATSON TO DO A COMPENSATION AND REASONABLENESS ANALYSIS EVERY TWO YEARS THE FINAL DETERMINATION OF COMPENSATION IS DONE BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS MADE UP OF INDEPENDENT PERSONS, AND IS BASED ON THE COMPARABILITY DATA PROVIDED BY THE COMPENSATION CONSULTANTS THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MINUTES AND APPROVED BY THE BOARD THE COMPENSATION WAS LAST REVIEWED UNDER THIS PROCESS DURING 2012 THE REPORT BASED ON THIS REVIEW WAS THEN ISSUED BY THE CONSULTANTS IN APRIL OF 2013
PART I, LINES 4A-B	SEVERANCE PAYMENTS RECEIVED BRENDA LAIRD \$303,685 SHERRY CRISP \$200,717 SERP DISTRIBUTION MADE TO THOMAS FLESZAR \$465,102 ADDITIONALLY, DELTA DENTAL PLAN OF MICHIGAN, HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN ORDER TO BE ELIGIBLE FOR THE SERP, AN EMPLOYEE MUST BE A SENIOR VICE PRESIDENT OR HIGHER AN OUTSIDE INDEPENDENT ACTUARY CALCULATES THE VALUE ON AN ANNUAL BASIS

Additional Data

Software ID:
Software Version:
EIN: 38-1791480
Name: DELTA DENTAL PLAN OF MICHIGAN INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
THOMAS FLESZAR DDS MS DIRECTOR	(i) (ii)	22,100 0	0 0	468,852 0	0 0	0 0	490,952 0	0 0
LAURA L CZELADA CPA CEO, PRESIDENT	(i) (ii)	728,114 0	1,029,047 0	12,978 0	2,122,054 0	7,355 0	3,899,548 0	0 0
GORAN JURKOVIC CPA CHIEF FINANCIAL OFFICER	(i) (ii)	344,396 0	358,443 0	14,330 0	323,985 0	22,006 0	1,063,160 0	0 0
LUIGI BATTAGLIERI SR V-P, CHEIF RELATIONSHI	(i) (ii)	225,458 0	204,404 0	14,533 0	40,487 0	30 0	484,912 0	0 0
BRENDA LAIRD V-P INFORMATION TECHNOLOGY	(i) (ii)	300,592 0	341,980 0	464,853 0	54,930 0	7,355 0	1,169,710 0	0 0
KAREN GREEN V-P INFORMATICS/QUALITY	(i) (ii)	175,067 0	110,895 0	12,398 0	9,554 0	22,006 0	329,920 0	0 0
RANDY TASCO V-P CHIEF MARKETING OFFICER	(i) (ii)	233,802 0	253,628 0	5,093 0	292,052 0	0 0	784,575 0	0 0
EDWARD ZOBECK CHIEF ADMINISTRATION OFFICER	(i) (ii)	401,214 0	474,529 0	254,078 0	39,780 0	22,006 0	1,191,607 0	0 0
NANCY HOSTETLER SR V-P, CHIEF OF STAFF	(i) (ii)	195,917 0	194,362 0	16,589 0	18,730 0	0 0	425,598 0	0 0
JED JACOBSON DDS MS MPH SR V-P, PROFESSIONAL SERV	(i) (ii)	266,390 0	279,277 0	180,801 0	54,274 0	7,355 0	788,097 0	0 0
TOBY HALL SR V-P- CHIEF ACTUARY	(i) (ii)	229,820 0	231,113 0	18,992 0	151,687 0	22,006 0	653,618 0	0 0
JON GROAT V-P GENERAL COUNSEL	(i) (ii)	222,295 0	83,875 0	11,142 0	18,849 0	7,355 0	343,516 0	0 0
ANTHONY ROBINSON V-P, SALES	(i) (ii)	193,166 0	90,773 0	4,238 0	22,821 0	22,006 0	333,004 0	0 0
DANIEL LOVEJOY MANAGER SALE & ACCOUNT MGT	(i) (ii)	47,456 0	239,127 0	61 0	11,907 0	22,006 0	320,557 0	0 0
DAVID FITZKE V-P, CLIENT & CLAIMS SVS	(i) (ii)	174,006 0	69,317 0	3,448 0	70,126 0	15,413 0	332,310 0	0 0
JOADI KECK V-P, HR & ADMINISTRATION	(i) (ii)	174,438 0	69,050 0	5,076 0	34,348 0	9,370 0	292,282 0	0 0
BRADLEY ROSS V-P, ECOMMERCE APPLICATION & SUPPORT	(i) (ii)	161,359 0	63,536 0	1,783 0	55,053 0	15,413 0	297,144 0	0 0
SHERRY CRISP FORMER SR V-P, OPERATIONS	(i) (ii)	0 0	74,706 0	200,717 0	0 0	0 0	275,423 0	0 0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization DELTA DENTAL PLAN OF MICHIGAN INC

Employer identification number 38-1791480

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) COMAR & COMAR PC	TERENCE COMAR, DIRECTOR OF DDPMI, IS AN OWNER IN COMAR & COMAR, PC	143,636	PARTICIPATING DENTIST - PAYMENTS FOR DENTAL SERVICES		No
(2) TERI BATTAGLIERI	SPOUSE OF DDPMI KEY EMPLOYEE LUIGI BATTAGLIERI	175,277	EMPLOYEE OF DELTA DENTAL PLAN OF MICHIGAN		No
(3) BRIAN BATTAGLIERI	SON OF DDPMI KEY EMPLOYEE LUIGI BATTAGLIERI	85,368	EMPLOYEE OF DELTA DENTAL PLAN OF MICHIGAN		No
(4) CLAIRE DORAH	DAUGHTER OF DDPMI BOARD MEMBER JAMES HALLAN	42,132	EMPLOYEE OF DELTA DENTAL PLAN OF MICHIGAN		No
(5) THE ARSENAL GROUP LLC	PARTNERSHIP OWNED 50% BY JEFFREY FLESZAR, SON OF THOMAS FLESZAR, FORMER CEO	580,240	CONSULTING SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization
DELTA DENTAL PLAN OF MICHIGAN INC

Employer identification number

38-1791480

Return Reference

Explanation

FORM 990, PART VI, SECTION A,
LINE 6

DELTA DENTAL PLAN OF MICHIGAN HAS A SOLE MEMBER, RENAISSANCE HEALTH SERVICE CORPORATION

Return Reference**Explanation**

FORM 990, PART VI, SECTION A, LINE 7A

THE SOLE MEMBER HAS VOTING RIGHTS AND ELECTS DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING ITEMS ARE SUBJECT TO APPROVAL BY THE SOLE MEMBER IF 10% OF THE ASSETS ARE TO BE SPENT/SOLD OR A NEW PRESIDENT IS TO BE APPOINTED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE INFORMATION PRESENTED ON THE FORM 990 IS GATHERED BY THE SENIOR TAX ADMINISTRATOR FOR THE ORGANIZATION THE CFO REVIEWS THE INFORMATION ONCE APPROVED THE INFORMATION IS GIVEN TO OUTSIDE TAX PREPARERS WHO PREPARE AND REVIEW THE FORM 990 ONCE COMPLETE AN ELECTRONIC COPY OF THE FORM 990 IS PUT ONTO A WEBSITE FOR THE BOARD TO REVIEW THIS IS DONE BEFORE THE RETURN IS FILED WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COMPANY'S VICE PRESIDENT AND GENERAL COUNSEL IS CHARGED WITH REVIEWING AND MONITORING ANY POTENTIAL CONFLICT OF INTEREST TRANSACTIONS. ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND EXECUTE A CONFLICT OF INTEREST POLICY. THIS POLICY REQUIRES THAT ANY CONFLICTS OF INTEREST BE DISCLOSED ON AN ANNUAL BASIS, OR AT ANY OTHER TIME THAT THE PERSON EXECUTING THE POLICY BECOMES AWARE OF A SITUATION OR TRANSACTION THAT ACTUALLY OR POTENTIALLY CREATES A CONFLICT OF INTEREST. ALL CONFLICT OF INTEREST DISCLOSURE FORMS ARE INITIALLY REVIEWED BY THE VICE PRESIDENT AND GENERAL COUNSEL. IF A PROHIBITED TRANSACTION WERE IDENTIFIED, THE MATTER WOULD BE BROUGHT TO THE CHAIRPERSON OF THE BOARD FOR FURTHER REVIEW AND APPROPRIATE ACTION. IN THE EVENT OF A CONFLICT OF INTEREST INVOLVING A MEMBER OF THE BOARD OF DIRECTORS, SUCH AS A CONFLICT IN WHICH A MEMBER HAD AN INTEREST, THE MEMBER IS REQUIRED TO DISCLOSE THE POTENTIAL CONFLICT AND ABSTAIN FROM ANY VOTE ON THE MATTER. WHETHER FURTHER PRECAUTIONS ARE REQUIRED (E.G., PROHIBITING THE INTERESTED PARTY FROM ENGAGING IN DISCUSSIONS) WOULD DEPEND UPON THE SPECIFIC NATURE AND BACKGROUND OF THE CONFLICT.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	OUTSIDE COMPENSATION CONSULTANTS ARE USED TO DETERMINE MARKET DATA FOR THE EXECUTIVE POSITIONS AND FOR OTHER OFFICERS AND KEY EMPLOYEES. THE POSITIONS COVERED ARE THE CEO, COO, CAO, CIO, CRO, CHIEF ACTUARY, CFO, AND CSO. THE ORGANIZATION CONTRACTS WITH TOWERS WATSON TO DO A COMPENSATION AND REASONABLENESS ANALYSIS EVERY TWO YEARS. THE FINAL DETERMINATION OF COMPENSATION IS DONE BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS MADE UP OF INDEPENDENT PERSONS, AND IS BASED ON THE COMPARABILITY DATA PROVIDED BY THE COMPENSATION CONSULTANTS. THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MINUTES AND APPROVED BY THE BOARD. THE COMPENSATION WAS LAST REVIEWED UNDER THIS PROCESS DURING 2012. THE REPORT BASED ON THIS REVIEW WAS THEN ISSUED BY THE CONSULTANTS IN APRIL OF 2013.

Return Reference**Explanation**

FORM 990, PART VI, SECTION C,
LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990 PART VII	CERTAIN OFFICERS ARE OFFICERS IN MULTIPLE RELATED ORGANIZATIONS. AVERAGE HOURS WORKED REFLECTS THE TIME SPENT IN EACH ORGANIZATION HOWEVER COMPENSATION IS REPORTED IN FULL TO AGREE TO THE W-2. ANY ALLOCATION OF COMPENSATION IS INCLUDED ON SCHEDULE R.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT LABOR PROGRAM SERVICE EXPENSES 7,218,104 MANAGEMENT AND GENERAL EXPENSES 2,740,219 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,958,323 CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 356,828 MANAGEMENT AND GENERAL EXPENSES 694,651 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,051,479 PURCHASED DENTAL SERVICES PROGRAM SERVICE EXPENSES 1,324,760,006 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,324,760,006

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN ON EQUITY IN SUBSIDIARIES 992,297 PENSION RELATED CHANGES 36,180,715

Return Reference	Explanation
FORM 990 PART XII LINE 2C AND 2D	DELTA DENTAL PLAN OF MICHIGAN IS AUDITED BY AN INDEPENDENT ACCOUNTANT AS PART OF A CONSOLIDATED FINANCIAL STATEMENT ISSUED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES DELTA DENTAL PLAN OF MICHIGAN ALSO RECEIVES AN AUDITED FINANCIAL STATEMENT BY AN INDEPENDENT ACCOUNTANT THAT IS PREPARED ON A STATUTORY BASIS THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL PLAN OF MICHIGAN INC

Employer identification number

38-1791480

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RED CEDAR INVESTMENT MANAGEMENT LLC 2852 EYDE PARKWAY SUITE 240 EAST LANSING, MI 48823 46-2667997	REGISTERED INVESTMENT ADVISORS	MI	0	0	DELTA DENTAL PLAN OF MICHIGAN INC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) RENAISSANCE HOLDING COMPANY PO BOX 30381 LANSING, MI 48909 41-2177193	HOLDING COMPANY	MI	RENAISSANCE HEALTH SERVICE CORPORATION	C		67,613,070	58 000 %	Yes	
(2) RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA PO BOX 30416 LANSING, MI 489097916 47-0397286	INSURANCE	IN	RENAISSANCE HOLDING COMPANY	C				Yes	
(3) RENAISSANCE HEALTH INSURANCE COMPANY OF NEW YORK PO BOX 30416 LANSING, MI 489097916 13-4098096	INSURANCE	NY	RENAISSANCE HOLDING COMPANY	C				Yes	
(4) FORE HOLDING CORPORATION 240 VENTURE CIRCLE NASHVILLE, TN 37228 20-4116122	EMPLOYEE BENEFITS	TN	DELTA DENTAL OF TENNESSEE	C				Yes	
(5) DENTAL CHOICE INC 10100 LINN STATION ROAD SUITE 700 LOUISVILLE, KY 40223 61-1105118	REAL ESTATE HOLDING COMPANY	KY	DELTA DENTAL OF KENTUCKY	C				Yes	
(6) DENTAL CHOICE AGENCY INC 10100 LINN STATION RD SUITE 700 LOUISVILLE, KY 40223 61-1336003	PRIMARY GENERAL AGENCY FOR DDKY & DENTAL CHOICE	KY	DELTA DENTAL OF KENTUCKY	C				Yes	
(7) OMEGA ADMINISTRATORS INC 1513 COUNTRY CLUB ROAD SHERWOOD, AR 72120 04-3740469	PROVIDING THIRD-PARTY ADMINISTRATIVE SERVICES	AR	DELTA DENTAL OF ARKANSAS	C				Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d	Yes	
1e		No
1f		No
1g	Yes	
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 38-1791480
Name: DELTA DENTAL PLAN OF MICHIGAN INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) RENAISSANCE HEALTH SERVICE CORPORATION PO BOX 30416 LANSING, MI 489097916 38-1675667	PROMOTING DENTAL CARE	MI	501(C)(4)	N/A	N/A		No
(1) DELTA DENTAL PLAN OF OHIO PO BOX 30416 LANSING, MI 489097916 31-0685339	PROVIDE DENTAL SERVICE PLANS	OH	501(C)(4)	N/A	DELTA DENTAL PLAN OF MICHIGAN INC	Yes	
(2) DELTA DENTAL PLAN OF INDIANA PO BOX 30416 LANSING, MI 489097916 35-1545647	PROVIDE DENTAL SERVICE PLANS	IN	501(C)(4)	N/A	DELTA DENTAL PLAN OF MICHIGAN INC	Yes	
(3) DELTA DENTAL OF TENNESSEE PO BOX 30416 LANSING, MI 489097916 62-0812197	PROVIDE DENTAL SERVICE PLANS	TN	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
(4) DELTA DENTAL FUND PO BOX 30416 LANSING, MI 489097916 38-2337000	SUPPORT DENTAL EDUCATION AND RESEARCH PROGRAMS	MI	501(C)(3)	11A TYPE II	DELTA DENTAL PLAN OF MICHIGAN INC	Yes	
(5) DELTA DENTAL OF NEW MEXICO PO BOX 30416 LANSING, MI 489097916 85-0224562	PROVIDE DENTAL SERVICE PLANS	NM	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
(6) DELTA DENTAL OF KENTUCKY PO BOX 30416 LANSING, MI 489097916 61-0659432	PROVIDE DENTAL SERVICE PLANS	KY	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
(7) DELTA DENTAL OF NORTH CAROLINA PO BOX 30416 LANSING, MI 489097916 56-1018068	PROVIDE DENTAL SERVICE PLANS	NC	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
(8) DELTA DENTAL OF ARKANSAS PO BOX 30416 LANSING, MI 489097916 71-0561140	PROVIDE DENTAL SERVICE PLANS	AR	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
(9) DELTA DENTAL OF ARKANSAS FOUNDATION PO BOX 30416 LANSING, MI 489097916 26-1569324	PROVIDE DENTAL SERVICE PLANS	AR	501(C)(3)	PF	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
(10) RENAISSANCE FAMILY FOUNDATION INC 4100 OKEMOS RD OKEMOS, MI 48864 46-1376165	EMPHASIZE DENTAL HEALTH IN COMMUNITIES	IN	501(C)(3)	PF	RENAISSANCE HOLDING COMPANY	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
DELTA DENTAL OF TENNESSEE	L	5,440,318	ACTUAL COST
DELTA DENTAL PLAN OF OHIO	L	23,244,977	ACTUAL COST
DELTA DENTAL PLAN OF INDIANA	L	8,938,466	ACTUAL COST
RENAISSANCE HEALTH SERVICE CORPORATION	L	125,004	ACTUAL COST
DELTA DENTAL FUND	L	170,060	ACTUAL COST
RENAISSANCE LIFE AND HEALTH INSURANCE COMPANY OF AMERICA	L	3,654,771	ACTUAL COST
DELTA DENTAL PLAN OF NEW MEXICO	L	1,668,913	ACTUAL COST
DELTA DENTAL OF KENTUCKY	L	1,603,823	ACTUAL COST
DELTA DENTAL OF NORTH CAROLINA	L	1,781,654	ACTUAL COST
RENAISSANCE HOLDING COMPANY	L	308,925	ACTUAL COST
DELTA DENTAL FUND	B	6,000,000	ACTUAL COST
DELTA DENTAL OF ARKANSAS	L	456,577	ACTUAL COST
DELTA DENTAL OF NORTH CAROLINA	D	2,700,000	ACTUAL LOAN AMOUNT
RENAISSANCE HEALTH INSURANCE COMPANY OF NEW YORK	L	40,091	ACTUAL COST
RENAISSANCE HOLDING COMPANY	G	1,515,636	BOOK VALUE