Quartz
Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2021
Public Information, Minnesota Statutes § 62D.08

For Dental: Please use "Explanations" tab to clarify any overlap reporting of Dental in other columns.

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Line	**Direct Non-Claim Expenses**	**Total**	**Non MN products**	**Total MN products**	**Commercial**	**Medicare Advantage**	**Medicare Cost**	**Medicare Supplement**	**Medicare Part D**	**MSHO**	**SNBC MA only**	**SNBC Integrated**	**PMAP**	**MSC+**	**MNCare**	**Dental**	**Other**	**Admin Services**
1	Employee benefit expenses	0		0	0	0												
2	Sales expenses	237,901		237,901	118,655	119,246												
3	General business/office expense	40,585		40,585	0	40,585												
4	State premium taxes and assessments	328,438		328,438	307,827	20,611												
5	Consulting and professional fees	1,923		1,923	0	1,923												
6	Outsourced services	74,072		74,072	0	74,072												
7	Other expenses	24		24	0	24												
8	**Total Direct Expenses**	**682,943**	**0**	**682,943**	**426,482**	**256,461**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Line	**Reallocated Indirect Non-Claim Expenses**	**Total**	**Non MN products**	**Total MN products**	**Commercial**	**Medicare Advantage**	**Medicare Cost**	**Medicare Supplement**	**Medicare Part D**	**MSHO**	**SNBC MA only**	**SNBC Integrated**	**PMAP**	**MSC+**	**MNCare**	**Dental**	**Other**	**Admin Services**
9	Employee benefit expenses	727,405		727,405	0	727,405												
10	Sales expenses	165,623		165,623	0	165,623												
11	General business/office expense	122,312		122,312	0	122,312												
12	State premium taxes and assessments	0		0	0	0												
13	Consulting and professional fees	62,959		62,959	0	62,959												
14	Outsourced services	188,050		188,050	0	188,050												
15	Other expenses	4,799		4,799	0	4,799												
16	**Total Indirect Expenses**	**1,271,148**	**0**	**1,271,148**	**0**	**1,271,148**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Line	**Direct plus Indirect Non-Claim Expenses**	**NAIC Total**	**Non MN products**	**Total MN products**	**Commercial**	**Medicare Advantage**	**Medicare Cost**	**Medicare Supplement**	**Medicare Part D**	**MSHO**	**SNBC MA only**	**SNBC Integrated**	**PMAP**	**MSC+**	**MNCare**	**Dental**	**Other**	**Admin Services**
17	Employee benefit expenses	727,405	0	727,405	0	727,405	0	0	0	0	0	0	0	0	0	0	0	0
18	Sales expenses	403,524	0	403,524	118,655	284,869	0	0	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	162,897	0	162,897	0	162,897	0	0	0	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	328,438	0	328,438	307,827	20,611	0	0	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	64,882	0	64,882	0	64,882	0	0	0	0	0	0	0	0	0	0	0	0
22	Outsourced services	262,122	0	262,122	0	262,122	0	0	0	0	0	0	0	0	0	0	0	0
23	Other expenses	4,823	0	4,823	0	4,823	0	0	0	0	0	0	0	0	0	0	0	0
24	**Total Non-Claim Expenses = Sum of Lines 17 to 23**	**1,954,091**	**0**	**1,954,091**	**426,482**	**1,527,609**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
25	**Claims Adjustment Expenses**	**744,345**		**744,345**	**297,222**	**447,123**												
26	**Revenues (Supp Report #1, Line 8)**	30,999,097		30,999,097	7,958,239	23,040,858												
27	**Incurred Claims (Supp Report #1, Line 18 + Line 22)**	27,614,642		27,614,642	6,322,440	21,292,202												
28	**Net Investment Gain/(Loss) (Allocated)**	15,255		15,255	0	15,255												
29	**Aggregate Write Ins for Other Income or (Expenses)**	-1,899		-1,899	-1,899	0												
30	**Federal and Foreign Income Taxes Incurred**	0		0														
31	**Net Income = Lines 26+28+29-24-25-27-30**	**699,375**	**0**	**699,375**	**910,196**	**-210,821**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**0**	**0**	**0**	**0**