

**Group Health Plan, Inc.**  
**Minnesota Supplement Report #1**  
**STATEMENT OF REVENUE, EXPENSES AND NET INCOME**  
**For the Year Ending December 31, 2017**  
**Public Information, Minnesota Statutes § 62D.08**

NAIC #	NAIC Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	As found on page 4 of the Annual Statement													Other:	
		NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare + Choice	Medicare Cost	MN Senior Health Options (MSHO)	SNBC (MA Only)	SNBC (Integrated)	Prepaid Medical Assistance Program (PMAP)	MNCare	Dental	Please Specify	Administrative Services Only
1	Member Months	1,064,582	0	1,064,582	385,812	0	678,770	0	0	0	0	0	0	0	0
<b>REVENUES:</b>															
2	Net Premium Income (including \$ non-health premium income)	673,302,936	0	673,302,936	169,280,083	0	497,922,445	0	0	0	0	0	6,100,408	0	0
3	Change in unearned premium reserves and serve for rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Fee-for-service (net of \$ medical expenses)	689,244,280	0	689,244,280	646,402,057	0	0	0	0	0	0	0	42,842,223	0	0
5	Risk revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Aggregate write-ins for other health care related revenues (Line 699)	62,379,725	0	62,379,725	62,379,725	0	0	0	0	0	0	0	0	0	0
7	Aggregate write-ins for other non-health revenues (Line 799)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	TOTAL REVENUES (Lines 2 through 7)	1,424,926,941	0	1,424,926,941	878,061,865	0	497,922,445	0	0	0	0	0	48,942,631	0	0
<b>EXPENSES:</b>															
9	Hospital/medical benefits	1,024,176,854	0	1,024,176,854	696,555,501	0	327,621,353	0	0	0	0	0	0	0	0
10	Other professional services	118,925,833	0	118,925,833	70,543,686	0	0	0	0	0	0	0	48,382,147	0	0
11	Outside referrals	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Emergency room and out-of-area	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Prescription drugs	181,279,834	0	181,279,834	105,333,757	0	75,946,077	0	0	0	0	0	0	0	0
14	Aggregate write-ins for other hospital and medical expenses (Line 1499)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Incentive Pool and Withhold Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	TOTAL EXPENSES (Lines 9 through 15)	1,324,382,521	0	1,324,382,521	872,432,944	0	403,567,430	0	0	0	0	0	48,382,147	0	0
<b>LESS</b>															
17	Net reinsurance recoveries	430,421	0	430,421	430,421	0	0	0	0	0	0	0	0	0	0
18	Total hospital and medical (Lines 16 minus 17)	1,323,952,100	0	1,323,952,100	872,002,523	0	403,567,430	0	0	0	0	0	48,382,147	0	0
19	Non-health claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Claims adjustment expenses	17,513,621	0	17,513,621	8,310,014	0	9,200,642	0	0	0	0	0	2,965	0	0
21	General administrative expenses	61,342,142	0	61,342,142	37,128,240	0	19,615,056	0	0	0	0	0	4,598,846	0	0
22	Increase in reserves for life, accident and health contracts (including \$ increase in reserves for life only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Total underwriting deductions (Lines 18 through 22)	1,402,807,863	0	1,402,807,863	917,440,777	0	432,383,128	0	0	0	0	0	52,983,958	0	0
24	Net underwriting gain or (loss)(Lines 8 minus 23)	22,119,078	0	22,119,078	(39,378,912)	0	65,539,317	0	0	0	0	0	(4,041,327)	0	0
25	Net investment income earned	1,698,566	0	1,698,566	1,069,566	0	629,000	0	0	0	0	0	0	0	0
26	Net realized capital gains or (losses)	3,349,778	0	3,349,778	2,109,778	0	1,240,000	0	0	0	0	0	0	0	0
27	Net investment gains or (losses)(Lines 25 plus 26)	5,048,344	0	5,048,344	3,179,344	0	1,869,000	0	0	0	0	0	0	0	0
28	Net gain or (loss) from agents' or premium balances charged off	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Aggregate write-ins for other income or expenses (Line 2999)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	27,167,422	0	27,167,422	(36,199,568)	0	67,408,317	0	0	0	0	0	(4,041,327)	0	0
31	Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Net income (loss) (Lines 30 minus 31)	27,167,422	0	27,167,422	(36,199,568)	0	67,408,317	0	0	0	0	0	(4,041,327)	0	0

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cc

DETAILS OF WRITE-INS	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	NAIC Totals	Non-Minnesota Products (Eliminations)	Total Minnesota Products	Commercial	Medicare + Choice	Medicare Cost	MN Senior Health Options (MSHO)	MN Disability Health Options (MDHO)	General Assistance Medical Care (GAMC)	Prepaid Medical Assistance Program (PMAP)	MNCare	Dental	Other: Please Specify	Administrative Services Only
<b>OTHER HEALTH CARE RELATED REVENUES (Line 6)</b>														
0601 Physician Affiliation Agreements	44,078,480	0	44,078,480	44,078,480	0	0	0	0	0	0	0	0	0	0
0602 Other Health Care Revenue	18,301,245	0	18,301,245	18,301,245	0	0	0	0	0	0	0	0	0	0
0603	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0604	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0605	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0606	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0607	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0608	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0609	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0698 Summary of Remaining Write-Ins for Line 6 Overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0699 TOTALS (Lines 0601 through 0609 plus 0698) (Line 6 above)	62,379,725	0	62,379,725	62,379,725	0	0	0	0	0	0	0	0	0	0
<b>OTHER NON-HEALTH REVENUES (Line 7)</b>														
0701	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0702	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0703	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0798 Summary of Remaining Write-Ins for Line 7 Overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0799 TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>OTHER MEDICAL AND HOSPITAL EXPENSES (Line 14)</b>														
1401	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1402	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1403	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1404	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1405	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1406	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1407	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1408	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1409	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1498 Summary of Remaining Write-Ins for Line 14 Overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1499 TOTALS (Lines 1401 through 1409 plus 1498) (Line 14 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>OTHER INCOME AND EXPENSES (Line 29)</b>														
<b>OTHER INCOME</b>														
2901	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2902	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2903	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2904	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2905	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2918 Summary of Remaining Write-Ins for Other Income Overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2919 Subtotal of Other Income (Lines 2901 through 2918)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>OTHER EXPENSES</b>														
2921	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2922	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2923	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2924	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2925	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2938 Summary of Remaining Write-Ins for Other Expenses Overflow	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2939 Subtotal of Other Expenses (Lines 2921 through 2938)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2999 TOTALS - (Lines 2919 minus 2939) (Line 29)	0	0	0	0	0	0	0	0	0	0	0	0	0	0