Gundersen Health Plan Minnesota
Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2014
Public Information, Minnesota Statutes § 62D.08

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
Line	**Direct Non-Claim Expenses**	**Total**	**Non MN**	**Total MN**	**Commercial**	**M+C**	**Medicare**	**MSHO**	**SNBC MA**	**SNBC**	**PMAP**	**MNCare**	**Dental**	**Other**	**Admin**
1	Employee benefit expenses	23365		23365	2957	20408									
2	Sales expenses	30912		30912	26092	4820									
3	General business/office expense	16256		16256	18	16238									
4	State premium taxes and assessments	34960		34960	22413	12547									
5	Consulting and professional fees	36065		36065	18923	17142									
6	Outsourced services	0		0											
7	Other expenses	1504		1504	338	1166									
8	**Total Direct Expenses**	**143062**	**0**	**143062**	**70741**	**72321**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
Line	**Reallocated Indirect Non-Claim Expenses**	**Total**	**Non MN**	**Total MN**	**Commercial**	**M+C**	**Medicare**	**MSHO**	**SNBC MA**	**SNBC**	**PMAP**	**MNCare**	**Dental**	**Other**	**Admin**
9	Employee benefit expenses	0		0											
10	Sales expenses	0		0											
11	General business/office expense	0		0											
12	State premium taxes and assessments	0		0											
13	Consulting and professional fees	0		0											
14	Outsourced services	0		0											
15	Other expenses	0		0											
16	**Total Indirect Expenses**	**0**	**0**	**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
Line	**Direct plus Indirect Non-Claim Expenses**	**NAIC Total**	**Non MN**	**Total MN**	**Commercial**	**M+C**	**Medicare**	**MSHO**	**SNBC MA**	**SNBC**	**PMAP**	**MNCare**	**Dental**	**Other**	**Admin**
17	Employee benefit expenses	23365	0	23365	2957	20408	0	0	0	0	0	0	0	0	0
18	Sales expenses	30912	0	30912	26092	4820	0	0	0	0	0	0	0	0	0
19	General business/office expense	16256	0	16256	18	16238	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	34960	0	34960	22413	12547	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	36065	0	36065	18923	17142	0	0	0	0	0	0	0	0	0
22	Outsourced services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Other expenses	1504	0	1504	338	1166	0	0	0	0	0	0	0	0	0
24	**Total Non-Claim Expenses = Sum of Lines 17 to 23**	**143062**	**0**	**143062**	**70741**	**72321**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
25	**Claims Adjustment Expenses**	**103519**		**103519**	**16932**	**86587**									
26	**Revenues (Supp Report #1, Line 8)**	4069997		4069997	478257	3591740									
27	**Incurred Claims (Supp Report #1, Line 18 + Line 22)**	3759834		3759834	403286	3356548									
28	**Net Investment Gain/(Loss) (Allocated)**	708		708	708										
29	**Aggregate Write Ins for Other Income or (Expenses)**	0		0											
30	**Federal and Foreign Income Taxes Incurred**	0		0											
31	**Net Income = Lines 26+28+29-24-25-27-30**	**64290**	**0**	**64290**	**-11994**	**76284**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**