**Gundersen Health Plan Minnesota**
**Minnesota Supplement Report #1A**

**REALLOCATION OF EXPENSES AND INVESTMENT INCOME**
**For the Year Ending December 31, 2015**
**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 | 62032 | 0 | 62032 | 33492 | 28540 | | | | | | | | | |
| **2** | Sales expenses | 53925 | | 53925 | 51004 | 2921 | | | | | | | | | |
| **3** | General business/office expense | 54061 | | 54061 | 13113 | 40948 | | | | | | | | | |
| **4** | State premium taxes and assessments | 32410 | | 32410 | 20397 | 12013 | | | | | | | | | |
| **5** | Consulting and professional fees | 30442 | | 30442 | 13004 | 17438 | | | | | | | | | |
| **6** | Outsourced services | 0 | | 0 | | | | | | | | | | | |
| **7** | Other expenses | 1976 | | 1976 | | 1976 | | | | | | | | | |
| **8** | **Total Direct Expenses** | **234846** | **0** | **234846** | **131010** | **103836** | **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 | 62032 | 0 | 62032 | 33492 | 28540 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **18** | Sales expenses | 53925 | 0 | 53925 | 51004 | 2921 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **19** | General business/office expense | 54061 | 0 | 54061 | 13113 | 40948 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **20** | State premium taxes and assessments | 32410 | 0 | 32410 | 20397 | 12013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **21** | Consulting and professional fees | 30442 | 0 | 30442 | 13004 | 17438 | 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 | 1976 | 0 | 1976 | 0 | 1976 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **24** | **Total Non-Claim Expenses = Sum of Lines 17 to 23** | **234846** | **0** | **234846** | **131010** | **103836** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **25** | **Claims Adjustment Expenses** | **207696** | | **207696** | **59766** | **147930** | | | | | | | | | |
| **26** | **Revenues (Supp Report #1, Line 8)** | 5315694 | | 5315694 | 1060748 | 4254946 | | | | | | | | | |
| **27** | **Incurred Claims (Supp Report #1, Line 18 + Line 22)** | 5602490 | | 5602490 | 1643182 | 3959308 | | | | | | | | | |
| **28** | **Net Investment Gain/(Loss) (Allocated)** | 684 | | 684 | 684 | | | | | | | | | | |
| **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** | **-728654** | **0** | **-728654** | **-772526** | **43872** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |