Gundersen Health Plan Minnesota
Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2016
Public Information, Minnesota Statutes § 62D.08

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Line	**Direct Non-Claim Expenses**	**Total**	**Non MN products**	**Total MN products**	**Commercial**	**Medicare Advantage**	**Medicare Cost**	**MSHO**	**SNBC MA only**	**SNBC Integrated**	**MSC+**	**PMAP**	**MNCare**	**Dental**	**Other**	**Admin Services**
1	Employee benefit expenses	101216		101216	33917	67299										
2	Sales expenses	60019		60019	59483	536										
3	General business/office expense	14814		14814	2461	12353										
4	State premium taxes and assessments	57180		57180	44501	12679										
5	Consulting and professional fees	9248		9248		9248										
6	Outsourced services	0		0												
7	Other expenses	15600		15600	4442	11158										
8	**Total Direct Expenses**	**258077**	**0**	**258077**	**144804**	**113273**	**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
Line	**Reallocated Indirect Non-Claim Expenses**	**Total**	**Non MN products**	**Total MN products**	**Commercial**	**Medicare Advantage**	**Medicare Cost**	**MSHO**	**SNBC MA only**	**SNBC Integrated**	**MSC+**	**PMAP**	**MNCare**	**Dental**	**Other**	**Admin Services**
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**	**0**

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Line	**Direct plus Indirect Non-Claim Expenses**	**NAIC Total**	**Non MN products**	**Total MN products**	**Commercial**	**Medicare Advantage**	**Medicare Cost**	**MSHO**	**SNBC MA only**	**SNBC Integrated**	**MSC+**	**PMAP**	**MNCare**	**Dental**	**Other**	**Admin Services**
17	Employee benefit expenses	101216	0	101216	33917	67299	0	0	0	0	0	0	0	0	0	0
18	Sales expenses	60019	0	60019	59483	536	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	14814	0	14814	2461	12353	0	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	57180	0	57180	44501	12679	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	9248	0	9248	0	9248	0	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	0
23	Other expenses	15600	0	15600	4442	11158	0	0	0	0	0	0	0	0	0	0
24	**Total Non-Claim Expenses = Sum of Lines 17 to 23**	**258077**	**0**	**258077**	**144804**	**113273**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
25	**Claims Adjustment Expenses**	**167538**		**167538**	**33992**	**133546**										
26	**Revenues (Supp Report #1, Line 8)**	6379026		6379026	1585404	4793622										
27	**Incurred Claims (Supp Report #1, Line 18 + Line 22)**	5767385		5767385	1426187	4341198										
28	**Net Investment Gain/(Loss) (Allocated)**	1101		1101	1101											
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**	**187127**	**0**	**187127**	**-18478**	**205605**	**0**	**0**	**0**	**0**		**0**	**0**	**0**	**0**	**0**