

HealthPartners, Inc.
Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2012
Public Information, Minnesota Statutes § 62D.08

Line	Direct Non-Claim Expenses	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		Total	Non MN	Total MN	Commercial	M+C	Medicare	MSHO	SNBC MA	SNBC	PMP	MNCare	Dental	Med Exp	MSC
1	Employee benefit expenses	31,767,000	0	31,767,000	15,751,000	183,000	0	3,205,000	0	0	5,353,000	2,128,000	3,257,000	1,347,000	543,000
2	Sales expenses	1,435,000	0	1,435,000	711,000	9,000	0	145,000	0	0	242,000	96,000	147,000	61,000	24,000
3	General business/office expense	10,598,000	0	10,598,000	5,255,000	61,000	0	1,069,000	0	0	1,786,000	710,000	1,087,000	449,000	181,000
4	State premium taxes and assessments	41,864,000	0	41,864,000	32,723,000	43,000	0	0	0	0	3,885,000	1,445,000	1,028,000	2,396,000	344,000
5	Consulting and professional fees	1,220,000	0	1,220,000	605,000	7,000	0	123,000	0	0	205,000	82,000	125,000	52,000	21,000
6	Outsourced services	2,042,000	0	2,042,000	1,011,000	12,000	0	206,000	0	0	345,000	137,000	210,000	86,000	35,000
7	Other expenses	2,978,000	0	2,978,000	1,478,000	17,000	0	300,000	0	0	502,000	199,000	305,000	126,000	51,000
8	Total Direct Expenses	91,904,000	0	91,904,000	57,534,000	332,000	0	5,048,000	0	0	12,318,000	4,797,000	6,159,000	4,517,000	1,199,000

Line	Reallocated Indirect Non-Claim Expenses	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		Total	Non MN	Total MN	Commercial	M+C	Medicare	MSHO	SNBC MA	SNBC	PMP	MNCare	Dental	Med Exp	MSC
9	Employee benefit expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Sales expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	General business/office expense	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	State premium taxes and assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Consulting and professional fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Outsourced services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Other expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Total Indirect Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Line	Direct plus Indirect Non-Claim Expenses	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		NAIC Total	Non MN	Total MN	Commercial	M+C	Medicare	MSHO	SNBC MA	SNBC	PMP	MNCare	Dental	Med Exp	MSC
17	Employee benefit expenses	31,767,000	0	31,767,000	15,751,000	183,000	0	3,205,000	0	0	5,353,000	2,128,000	3,257,000	1,347,000	543,000
18	Sales expenses	1,435,000	0	1,435,000	711,000	9,000	0	145,000	0	0	242,000	96,000	147,000	61,000	24,000
19	General business/office expense	10,598,000	0	10,598,000	5,255,000	61,000	0	1,069,000	0	0	1,786,000	710,000	1,087,000	449,000	181,000
20	State premium taxes and assessments	41,864,000	0	41,864,000	32,723,000	43,000	0	0	0	0	3,885,000	1,445,000	1,028,000	2,396,000	344,000
21	Consulting and professional fees	1,220,000	0	1,220,000	605,000	7,000	0	123,000	0	0	205,000	82,000	125,000	52,000	21,000
22	Outsourced services	2,042,000	0	2,042,000	1,011,000	12,000	0	206,000	0	0	345,000	137,000	210,000	86,000	35,000
23	Other expenses	2,978,000	0	2,978,000	1,478,000	17,000	0	300,000	0	0	502,000	199,000	305,000	126,000	51,000
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	91,904,000	0	91,904,000	57,534,000	332,000	0	5,048,000	0	0	12,318,000	4,797,000	6,159,000	4,517,000	1,199,000
25	Claims Adjustment Expenses	26,898,000	0	26,898,000	15,216,000	48,000	0	2,063,000	0	0	4,860,000	1,862,000	0	2,505,000	344,000
26	Revenues (Supp Report #1, Line 8)	1,379,195,000		1,379,195,000	770,656,000	2,397,000	0	100,702,000	0	0	221,490,000	82,141,000	50,621,000	132,143,000	19,045,000
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	1,157,907,000		1,157,907,000	633,542,000	2,009,000	0	85,880,000	0	0	202,358,000	77,535,000	37,991,000	104,276,000	14,316,000
28	Net Investment Gain/(Loss) (Allocated)	3,943,000		3,943,000	3,965,000	15,000	0	169,000	0	0	(181,000)	(128,000)	0	61,000	42,000
29	Aggregate Write Ins for Other Income or (Expenses)	0		0	0	0	0	0	0	0	0	0	0	0	0
30	Federal and Foreign Income Taxes Incurred	0		0	0	0	0	0	0	0	0	0	0	0	0
31	Net Income = Lines 26+28+29-24-25-27-30	106,429,000	0	106,429,000	68,329,000	23,000	0	7,880,000	0	0	1,773,000	(2,181,000)	6,471,000	20,906,000	3,228,000