

HealthPartners, Inc.
Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2014
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	PMAP	MNCare	Dental	Med Supp	MSC
1	Employee benefit expenses	32,674,000	0	32,674,000	16,813,000	181,000	0	1,169,000	0	0	11,775,000	1,172,000	1,343,000	30,000	191,000
2	Sales expenses	254,000	0	254,000	131,000	1,000	0	9,000	0	0	92,000	9,000	10,000	0	2,000
3	General business/office expense	13,403,000	0	13,403,000	6,896,000	74,000	0	480,000	0	0	4,830,000	481,000	551,000	12,000	79,000
4	State premium taxes and assessments	51,146,000	0	51,146,000	35,013,000	54,000	0	2,056,000	0	0	10,676,000	1,326,000	1,463,000	16,000	542,000
5	Consulting and professional fees	1,592,000	0	1,592,000	819,000	9,000	0	57,000	0	0	574,000	57,000	65,000	2,000	9,000
6	Outsourced services	2,867,000	0	2,867,000	1,474,000	16,000	0	103,000	0	0	1,033,000	103,000	118,000	3,000	17,000
7	Other expenses	1,580,000	0	1,580,000	812,000	9,000	0	57,000	0	0	569,000	57,000	65,000	2,000	9,000
8	Total Direct Expenses	103,516,000	0	103,516,000	61,958,000	344,000	0	3,931,000	0	0	29,549,000	3,205,000	3,615,000	65,000	849,000

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	PMAP	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	PMAP	MNCare	Dental	Med Supp	MSC
17	Employee benefit expenses	32,674,000	0	32,674,000	16,813,000	181,000	0	1,169,000	0	0	11,775,000	1,172,000	1,343,000	30,000	191,000
18	Sales expenses	254,000	0	254,000	131,000	1,000	0	9,000	0	0	92,000	9,000	10,000	0	2,000
19	General business/office expense	13,403,000	0	13,403,000	6,896,000	74,000	0	480,000	0	0	4,830,000	481,000	551,000	12,000	79,000
20	State premium taxes and assessments	51,146,000	0	51,146,000	35,013,000	54,000	0	2,056,000	0	0	10,676,000	1,326,000	1,463,000	16,000	542,000
21	Consulting and professional fees	1,592,000	0	1,592,000	819,000	9,000	0	57,000	0	0	574,000	57,000	65,000	2,000	9,000
22	Outsourced services	2,867,000	0	2,867,000	1,474,000	16,000	0	103,000	0	0	1,033,000	103,000	118,000	3,000	17,000
23	Other expenses	1,580,000	0	1,580,000	812,000	9,000	0	57,000	0	0	569,000	57,000	65,000	2,000	9,000
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	103,516,000	0	103,516,000	61,958,000	344,000	0	3,931,000	0	0	29,549,000	3,205,000	3,615,000	65,000	849,000
25	Claims Adjustment Expenses	25,291,000	0	25,291,000	10,751,000	31,000	0	4,582,000	0	0	7,801,000	735,000	31,000	15,000	1,345,000
26	Revenues (Supp Report #1, Line 8)	1,350,206,000		1,350,206,000	640,887,000	1,364,000	0	109,365,000	0	0	487,054,000	39,907,000	48,129,000	555,000	22,945,000
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	1,210,628,000		1,210,628,000	556,880,000	2,429,000	0	94,309,000	0	0	465,292,000	38,146,000	38,527,000	408,000	14,637,000
28	Net Investment Gain/(Loss) (Allocated)	6,061,000		6,061,000	5,971,000	(10,000)	0	167,000	0	0	(63,000)	(81,000)	0	14,000	63,000
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	16,832,000	0	16,832,000	17,269,000	(1,450,000)	0	6,710,000	0	0	(15,651,000)	(2,260,000)	5,956,000	81,000	6,177,000