PreferredOne Communtiy Health Plan
Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2012
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	2147146		2147146	2147146										
2	Sales expenses	2008080		2008080	2008080										
3	General business/office expense	245143		245143	245143										
4	State premium taxes and assessments	2496740		2496740	2496740										
5	Consulting and professional fees	47493		47493	47493										
6	Outsourced services	15409		15409	15409										
7	Other expenses	0		0	0										
8	**Total Direct Expenses**	**6960011**	**0**	**6960011**	**6960011**	**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	**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	2147146	0	2147146	2147146	0	0	0	0	0	0	0	0	0	0
18	Sales expenses	2008080	0	2008080	2008080	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	245143	0	245143	245143	0	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	2496740	0	2496740	2496740	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	47493	0	47493	47493	0	0	0	0	0	0	0	0	0	0
22	Outsourced services	15409	0	15409	15409	0	0	0	0	0	0	0	0	0	0
23	Other expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	**Total Non-Claim Expenses = Sum of Lines 17 to 23**	**6960011**	**0**	**6960011**	**6960011**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
25	**Claims Adjustment Expenses**	**1174167**		**1174167**	**1174167**										
26	**Revenues (Supp Report #1, Line 8)**	62890988		62890988	62890988										
27	**Incurred Claims (Supp Report #1, Line 18 + Line 22)**	56288245		56288245	56288245										
28	**Net Investment Gain/(Loss) (Allocated)**	759441		759441	759441										
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**	**-771994**	**0**	**-771994**	**-771994**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**