PreferredOne Community Health Plan
Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2014
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	1986948		1986948	1986948										
2	Sales expenses	1951164		1951164	1951164										
3	General business/office expense	233614		233614	233614										
4	State premium taxes and assessments	3031561		3031561	3031561										
5	Consulting and professional fees	60854		60854	60854										
6	Outsourced services	13342		13342	13342										
7	Other expenses	0		0											
8	**Total Direct Expenses**	**7277483**	**0**	**7277483**	**7277483**	**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	1986948	0	1986948	1986948	0	0	0	0	0	0	0	0	0	0
18	Sales expenses	1951164	0	1951164	1951164	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	233614	0	233614	233614	0	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	3031561	0	3031561	3031561	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	60854	0	60854	60854	0	0	0	0	0	0	0	0	0	0
22	Outsourced services	13342	0	13342	13342	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**	**7277483**	**0**	**7277483**	**7277483**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
25	**Claims Adjustment Expenses**	**1099259**		**1099259**	**1099259**										
26	**Revenues (Supp Report #1, Line 8)**	57411476		57411476	57411476										
27	**Incurred Claims (Supp Report #1, Line 18 + Line 22)**	52195222		52195222	52195222										
28	**Net Investment Gain/(Loss) (Allocated)**	325690		325690	325690										
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**	**-2834798**	**0**	**-2834798**	**-2834798**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**