Gundersen Health Plan Minnesota
Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2019
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	0		0												
2	Sales expenses	95,538		95,538	75,525	20,013										
3	General business/office expense	32,043		32,043		32,043										
4	State premium taxes and assessments	39,558		39,558	23,175	16,383										
5	Consulting and professional fees	16,425		16,425		16,425										
6	Outsourced services	87,955		87,955		87,955										
7	Other expenses	19,390		19,390		19,390										
8	**Total Direct Expenses**	**290,909**	**0**	**290,909**	**98,700**	**192,209**	**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	260,887		260,887		260,887										
10	Sales expenses	0		0												
11	General business/office expense	36,099		36,099		36,099										
12	State premium taxes and assessments	0		0												
13	Consulting and professional fees	28,550		28,550		28,550										
14	Outsourced services	0		0												
15	Other expenses	27,702		27,702		27,702										
16	**Total Indirect Expenses**	**353,238**	**0**	**353,238**	**0**	**353,238**	**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	260,887	0	260,887	0	260,887	0	0	0	0	0	0	0	0	0	0
18	Sales expenses	95,538	0	95,538	75,525	20,013	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	68,142	0	68,142	0	68,142	0	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	39,558	0	39,558	23,175	16,383	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	44,975	0	44,975	0	44,975	0	0	0	0	0	0	0	0	0	0
22	Outsourced services	87,955	0	87,955	0	87,955	0	0	0	0	0	0	0	0	0	0
23	Other expenses	47,092	0	47,092	0	47,092	0	0	0	0	0	0	0	0	0	0
24	**Total Non-Claim Expenses = Sum of Lines 17 to 23**	**644,147**	**0**	**644,147**	**98,700**	**545,447**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
25	**Claims Adjustment Expenses**	**377,417**		**377,417**	**54,899**	**322,518**										
26	**Revenues (Supp Report #1, Line 8)**	15,534,105		15,534,105	1,002,024	14,532,081										
27	**Incurred Claims (Supp Report #1, Line 18 + Line 22)**	14,402,577		14,402,577	932,245	13,470,332										
28	**Net Investment Gain/(Loss) (Allocated)**	21,381		21,381	7,665	13,716										
29	**Aggregate Write Ins for Other Income or (Expenses)**	0		0	0	0										
30	**Federal and Foreign Income Taxes Incurred**	0		0												
31	**Net Income = Lines 26+28+29-24-25-27-30**	**131,345**	**0**	**131,345**	**-76,155**	**207,500**	**0**	**0**	**0**	**0**		**0**	**0**	**0**	**0**	**0**