Itasca Medical Care Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME

For the Year Ending December 31, 2021 Public Information, Minnesota Statutes § 62D.08

Incurred Claims (Supp Report #1, Line 18 + Line 22)

29 Aggregate Write Ins for Other Income or (Expenses)

28 Net Investment Gain/(Loss) (Allocated)

30 Federal and Foreign Income Taxes Incurred

31 Net Income = Lines 26+28+29-24-25-27-30

				Pu	blic Informatio	on, Minnesota	Statutes § 621	0.08								For Dontal: Bloom	e use "Explanation	ns" tab to clarify
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Line	Direct Non-Claim Expenses	Total	Non MN	Total MN	Commercial	Medicare	Medicare	Medicare	Medicare	MSHO	SNBC MA	SNBC	PMAP	MSC+	MNCare	Dental	Other	Admin
	k		products	products		Advantage	Cost	Supplement	Part D		only	Integrated				l ' ' ' ' '		Services
1	Employee benefit expenses	515925		515925						99684			359463	28746	28032		'	
2	Sales expenses	0		0						0			0	0	0		'	
3	General business/office expense	175686		175686						33945			122407	9789	9545			
4	State premium taxes and assessments	0		0						0			0	0	0			
5	Consulting and professional fees	420795		420795						81303			293184	23445	22863			
6	Outsourced services	364286		364286						70385			253811	20297	19793			
7	Other expenses	21496		21496						4153			14977	1198	1168		'	
8	Total Direct Expenses	1498188	0	1498188	0	0	0	0	0	289470	0	0	1043842	83475	81401	0	0	0
	T-	1	2	3	4	. 5	6	7	8	9	10	11	12	13	14	15	16	17
Line	Reallocated Indirect Non-Claim Expenses	Total	Non MN	Total MN	Commercial	Medicare	Medicare	Medicare	Medicare	MSHO	SNBC MA	SNBC	PMAP	MSC+	MNCare	Dental	Other	Admin
			products	products		Advantage	Cost	Supplement	Part D		only	Integrated						Services
9	Employee benefit expenses	257962		257962						49842			179731	14373	14016			
10	Sales expenses	0		0						0			0	0	0	L		
11	General business/office expense	87842		87842						16972			61203	4894	4773	L		
12	State premium taxes and assessments	0		0						0			0	0	0	L		
13	Consulting and professional fees	210399		210399						40652			146593	11723	11431	L		
14	Outsourced services	182145		182145						35193			126907	10148	9897	L		
15	Other expenses	10749		10749						2077			7489	599	584			
16	Total Indirect Expenses	749097	0	749097	0	0	0	0	0	144736	0	0	521923	41737	40701	0	0	0
	Tanana and an analasa	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Line	Direct plus Indirect Non-Claim Expenses	NAIC Total	Non MN	Total MN	Commercial	Medicare	Medicare	Medicare	Medicare	MSHO	SNBC MA	SNBC	PMAP	MSC+	MNCare	Dental	Other	Admin
1.5	Employee benefit expenses	773887	products	773887	0	Advantage	Cost	Supplement	Part D	149526	only 0	Integrated ()	539194	43119	42048	0	0	Services
17 18	Sales expenses	0	0	0	0	0	0	0	0	0	0	0	0	43119	0	0	0	0
	General business/office expense	263528	0	263528	0	0	0	0	0	50917	0	0	183610	14683	14318	0	0	0
19 20	State premium taxes and assessments	263528	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	631194		631194	0	0	0	0	0	121955			439777	35168	34294	-		
21	Consulting and professional fees Outsourced services	546431	0	546431	0	0	0	0	0	105578	0	0	380718	30445	29690	0	0	0
	Other expenses	32245	0	32245	0	0	0	0	0	6230	0	0	22466	1797	1752	0	0	0
23	*		0		0	0	0	0								-		
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	2247285 3788478	U	2247285 3788478	U	U	U	U	0	434206 731986	0	0	1565765	125212 211082	122102 205839	0	0	0
25	Claims Adjustment Expenses	76292449		76292449						14795400			2639571 53082253		4143150			
26	Revenues (Supp Report #1, Line 8)	76292449		/6292449		-		ļ		14795400	1		33082233	4271646	4143150			-

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