## <u>Quartz</u> Minnesota Supplement Report #1A

## REALLOCATION OF EXPENSES AND INVESTMENT INCOME

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

For Dental: Please use "Explanations" tab to clarify any overlap reporting of Dental in other columns.

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	-	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	MSHO	SNBC MA	SNBC	PMAP	MSC+	MNCare	Dental	Other	Admin
		_	products	products	_	Advantage	Cost	Supplement	Part D		only	Integrated						Services
	Employee benefit expenses	0		0	0	0												
	Sales expenses	237,901		237,901	118,655	119,246												
3	General business/office expense	40,585		40,585	0	40,585												
4	State premium taxes and assessments	328,438		328,438	307,827	20,611												
5	Consulting and professional fees	1,923		1,923	0	1,923												
6	Outsourced services	74,072		74,072	0	74,072												
7	Other expenses	24		24	0	24												
8	Total Direct Expenses	682,943	0	682,943	426,482	256,461	0	0	0	0	0	0	0	0	0	0	0	0
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		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	727,405		727,405	0	727,405												
10	Sales expenses	165,623		165,623	0	165,623												
11	General business/office expense	122,312		122,312	0	122,312												
12	State premium taxes and assessments	0		0	0	0												
13	Consulting and professional fees	62,959		62,959	0	62,959												
14	Outsourced services	188,050		188,050	0	188,050												
15	Other expenses	4,799		4,799	0	4,799												
16	Total Indirect Expenses	1,271,148	0	1,271,148	0	1,271,148	0	0	0	0	0	0	0	0	0	0	0	0
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		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
			products	products		Advantage	Cost	Supplement	Part D		only	Integrated						Services
17	Employee benefit expenses	727,405	0	727,405	0	727,405	0	0	0	0	0	0	0	0	0	0	0	0
18	Sales expenses	403,524	0	403,524	118,655	284,869	0	0	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	162,897	0	162,897	0	162,897	0	0	0	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	328,438	0	328,438	307,827	20,611	0	0	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	64,882	0	64,882	0	64,882	0	0	0	0	0	0	0	0	0	0	0	0
22	Outsourced services	262,122	0	262,122	0	262,122	0	0	0	0	0	0	0	0	0	0	0	0
23	Other expenses	4,823	0	4,823	0	4,823	0	0	0	0	0	0	0	0	0	0	0	0
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	1,954,091	0	1,954,091	426,482	1,527,609	0	0	0	0	0	0	0	0	0	0	0	0
25	Claims Adjustment Expenses	744,345		744,345	297,222	447,123												
26	Revenues (Supp Report #1, Line 8)	30,999,097		30,999,097	7,958,239	23,040,858												
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	27,614,642		27,614,642	6,322,440	21,292,202												
28	Net Investment Gain/(Loss) (Allocated)	15,255		15,255	0	15,255												
29	Aggregate Write Ins for Other Income or (Expenses)	-1,899		-1,899	-1.899	0												
30	Federal and Foreign Income Taxes Incurred	0		0	1,077	,												
31	Net Income = Lines 26+28+29-24-25-27-30	699,375	0	699,375	910,196	-210,821	0	0	0	0	0	0	0		0	0	0	0
J1	11Ct THOURE - LINES 20+20+27-24-25-27-50	077,373	U	077,373	710,170	-210,021	U	U	U	U	U	U	U		U	U	U	U