## <u>HealthPartners, Inc.</u> Minnesota Supplement Report #1A

## REALLOCATION OF EXPENSES AND INVESTMENT INCOME

For the Year Ending December 31, 2016 Public Information, Minnesota Statutes § 62D.08

		Tubic finol mation, withnesses Statutes § 02D.00													
		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	Med Supp	MSC
1	Employee benefit expenses	32,184,000	0	32,184,000	16,768,000	130,000	0	1,317,000	366,000	0	9,270,000	2,155,000	1,877,000	26,000	275,000
2	Sales expenses	333,000	0	333,000	174,000	1,000	0	13,000	4,000	0	96,000	22,000	20,000	0	3,000
3	General business/office expense	12,664,000	0	12,664,000	6,599,000	51,000	0	518,000	144,000	0	3,648,000	848,000	738,000	10,000	108,000
4	State premium taxes and assessments	39,247,000	0	39,247,000	21,702,000	29,000	0	2,016,000	236,000	0	11,677,000	1,761,000	1,161,000	5,000	660,000
5	Consulting and professional fees	1,378,000	0	1,378,000	719,000	6,000	0	56,000	15,000	0	397,000	92,000	80,000	1,000	12,000
6	Outsourced services	2,244,000	0	2,244,000	1,170,000	9,000	0	92,000	25,000	0	646,000	150,000	131,000	2,000	19,000
7	Other expenses	3,085,000	0	3,085,000	1,606,000	13,000	0	126,000	35,000	0	889,000	207,000	180,000	3,000	26,000
8	Total Direct Expenses	91,135,000	0	91,135,000	48,738,000	239,000	0	4,138,000	825,000	0	26,623,000	5,235,000	4,187,000	47,000	1,103,000
		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	Med Exp	MSC
9	Employee benefit expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Sales expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	General business/office expense	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	State premium taxes and assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Consulting and professional fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Outsourced services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Other expenses	0	0	0	0	0	0	0	0	0	0	0	0	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	Med Supp	MSC
17	Employee benefit expenses	32,184,000	0	32,184,000		130,000	0	1,317,000	366,000	0	9,270,000	2,155,000	1,877,000	26,000	275,000
18	Sales expenses	333,000	0	333,000		1,000	0	13,000	4,000	0	96,000	22,000	20,000	0	3,000
19	General business/office expense	12,664,000	0	12,664,000		51,000	0	518,000	144,000	0	3,648,000	848,000	738,000	10,000	108,000
20	State premium taxes and assessments	39,247,000	0	39,247,000		29,000	0	2,016,000	236,000	0	11,677,000	1,761,000	1,161,000	5,000	660,000
21	Consulting and professional fees	1,378,000	0	1,378,000	· · · · · · · · · · · · · · · · · · ·	6,000	0	56,000	15,000	0	397,000	92,000	80,000	1,000	12,000
22	Outsourced services	2,244,000	0	2,244,000		9,000	0	92,000	25,000	0	646,000	150,000	131,000	2,000	19,000
23	Other expenses	3,085,000	0	3,085,000	1,606,000	13,000	0	126,000	35,000	0	889,000	207,000	180,000	3,000	26,000
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	91,135,000	0	91,135,000	48,738,000	239,000	0	4,138,000	825,000	0	26,623,000	5,235,000	4,187,000	47,000	1,103,000
25	Claims Adjustment Expenses	23,576,000	0	23,576,000	9,552,000	38,000	0	4,403,000	1,043,000	0	5,642,000	1,252,000	57,000	9,000	1,580,000

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1,371,700,000 682,342,000

627,048,000

9,590,000

6,594,000

1,245,069,000

10,248,000

22,168,000

1,371,700,000

1,245,069,000

10,248,000

22,168,000

Revenues (Supp Report #1, Line 8)

Net Investment Gain/(Loss) (Allocated)

28

29

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

Aggregate Write Ins for Other Income or (Expenses)
Federal and Foreign Income Taxes Incurred
Net Income = Lines 26+28+29-24-25-27-30