<u>PreferredOne Community Health Plan</u> Minnesota Supplement Report #1A

REALLOCATION OF EXPENSES AND INVESTMENT INCOME For the Year Ending December 31, 2015

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	911313		911313	911313										
2	Sales expenses	734940		734940	734940										
3	General business/office expense	113356		113356	113356										
4	State premium taxes and assessments	851042		851042	851042										
5	Consulting and professional fees	45255		45255	45255		1								
6	Outsourced services	4951		4951	4951		1								
7	Other expenses	0		0			1								
8	Total Direct Expenses	2660857	0	2660857	2660857	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	911313	0	911313	911313	0	0	0	0	0	0	0	0	0	0
18	Sales expenses	734940	0	734940	734940	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	113356	0	113356	113356	0	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	851042	0	851042	851042	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	45255	0	45255	45255	0	0	0	0	0	0	0	0	0	0
22	Outsourced services	4951	0	4951	4951	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	2660857	0	2660857	2660857	0	0	0	0	0	0	0	0	0	0
25	Claims Adjustment Expenses	<u>495579</u>		495579	495579										
26	Revenues (Supp Report #1, Line 8)	26096237		26096237	26096237										
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	24467592		24467592	24467592										
28	Net Investment Gain/(Loss) (Allocated)	654139		654139	654139										
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	-873652	0	-873652	-873652	0	0	0	0	0	0	0	0	0	0