## PreferredOne Community Health Plan Minnesota Supplement Report #1A

## REALLOCATION OF EXPENSES AND INVESTMENT INCOME

For the Year Ending December 31, 2017
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	Total MN	Commercial	Medicare	Medicare	MSHO	SNBC MA	SNBC	MSC+	PMAP	MNCare	Dental	Other	Admin
			products	products		Advantage	Cost		only	Integrated						Services
1	Employee benefit expenses	156502		156502	156502											
2	Sales expenses	114915		114915	114915											
3	General business/office expense	46101		46101	46101											
4	State premium taxes and assessments	595622		595622	595622											
5	Consulting and professional fees	47622		47622	47622											
6	Outsourced services	0		0	0											
7	Other expenses	0		0												
8	Total Direct Expenses	960762	0	960762	960762	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	15
Line	Reallocated Indirect Non-Claim Expenses	Total	Non MN	Total MN	Commercial	Medicare	Medicare	MSHO	SNBC MA	SNBC	MSC+	PMAP	MNCare	Dental	Other	Admin
			products	products		Advantage	Cost		only	Integrated						Services
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	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	Total MN	Commercial	Medicare	Medicare	MSHO	SNBC MA	SNBC	MSC+	PMAP	MNCare	Dental	Other	Admin
			products	products		Advantage	Cost		only	Integrated						Services
17	Employee benefit expenses	156502	0	156502	156502	0	0	0	0	0	0	0	0	0	0	0
18	Sales expenses	114915	0	114915	114915	0	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	46101	0	46101	46101	0	0	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	595622	0	595622	595622	0	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	47622	0	47622	47622	0	0	0	0	0	0	0	0	0	0	0
22	Outsourced services	0	0	0	0	0	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	0
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	960762	0	960762	960762	0	0	0	0	0	0	0	0	0	0	0
25	Claims Adjustment Expenses	60368		60368	60368											
26	Revenues (Supp Report #1, Line 8)	3492027		3492027	3492027											
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	3078391		3078391	3078391											
28	Net Investment Gain/(Loss) (Allocated)	63910		63910	63910											
29	Aggregate Write Ins for Other Income or (Expenses)	0		0	63910											
_	1 / 1		0		63910 -543584			0	0							0