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

## REALLOCATION OF EXPENSES AND INVESTMENT INCOME For the Year Ending December 31, 2019 Public Information, Minnesota Statutes § 62D.08

	Public Information, Minnesota Statutes § 62D.08  For Dental: Please use "Explanations"														ns" tah 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 products	Total MN products	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Medicare Part D	MSHO	SNBC MA only	SNBC Integrated	PMAP	MSC+	MNCare	Dental	Other	Admin Services
1	Employee benefit expenses	78390	produces	78390	78390						· · · · · ·	- Integration						3011100
2	Sales expenses	94968		94968	94968													
3	General business/office expense	11233		11233	11233													
4	State premium taxes and assessments	65058		65058	65058													
5	Consulting and professional fees	51376		51376	51376													
6	Outsourced services	0		0														
7	Other expenses	0		0														
8	Total Direct Expenses	301025	0	301025	301025	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	16	17
Line	Reallocated Indirect Non-Claim Expenses	Total	Non MN products	Total MN products	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Medicare Part D	MSHO	SNBC MA only	SNBC Integrated	PMAP	MSC+	MNCare	Dental	Other	Admin Services
9	Employee benefit expenses	0	products	0		······································	2.031	- пристеп			y	gruttu						a.c. rices
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	0	0
	-	•	•	•	•									•	•			
		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 products	Total MN products	Commercial	Medicare Advantage	Medicare Cost	Medicare Supplement	Medicare Part D	MSHO	SNBC MA only	SNBC Integrated	PMAP	MSC+	MNCare	Dental	Other	Admin Services
17	Employee benefit expenses	78390	0	78390	78390	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Sales expenses	94968	0	94968	94968	0	0	0	0	0	0	0	0	0	0	0	0	0
19	General business/office expense	11233	0	11233	11233	0	0	0	0	0	0	0	0	0	0	0	0	0
20	State premium taxes and assessments	65058	0	65058	65058	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Consulting and professional fees	51376	0	51376	51376	0	0	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	0	0
23	Other expenses	0	0	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	301025	0	301025	301025	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Claims Adjustment Expenses	27369		27369	27369													
26	Revenues (Supp Report #1, Line 8)	2295180		2295180	2295180													
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	1799697		1799697	1799697													
28	Net Investment Gain/(Loss) (Allocated)	77298		77298	77298													
29	Aggregate Write Ins for Other Income or (Expenses)	0		0							1				1			
30	Federal and Foreign Income Taxes Incurred  Net Income = Lines 26+28+29-24-25-27-30	0 244387	0	0 244387	244387	0	0	0	0	0	0	0	0		0	0	0	0