UnitedHealthcare of Illinois, Inc.
REALLOCATION OF EXPENSES AND investanent income
For the Year Ending December 31, 2020
Public Information, Minnesta Statutes $\$ 62 \mathrm{D} .08$


|  |  | 1 |  |  | 4 |  |  |  |  | 9 |  |  | 12 |  | 14 | 15 | 16 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Line | Reallocated Indirect Non-Claim Expenses | Total | Non MN products | Total MN products | Commercial | Medicare | $\begin{gathered} \text { Medicare } \\ \text { Cost } \end{gathered}$ | $\begin{array}{\|c\|c\|} \hline \text { Medicare } \\ \text { Supplement } \end{array}$ | $\begin{gathered} \text { Medicare } \\ \text { Part } \end{gathered}$ | MSHO | $\begin{gathered} \text { SNBC MA } \\ \text { only } \end{gathered}$ | $\underset{\substack{\text { Integrated }}}{\text { Inse }}$ | P | MSC+ | are | Dental | Other | $\begin{gathered} \text { Admin } \\ \text { Services } \end{gathered}$ |
| 9 | Emploge benefit expenses | 747,847.76 | 745,108.96 | 2,738.80 | 2,738.80 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | Sales expenses |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | General business/office expense | $964,761.15$ | $961,228.37$ | 3,532.78 | 3,532.78 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | State premium taxes and assessments |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | Consulting and professional fees | 57,294.00 | 57,084.00 | 210.00 | 210.00 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | Outsourced services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | Other expenses | 1,042,182.00 | 1,038,404.00 | 3,788.00 | 3,778.00 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | Total Indirect Expenses | 2,812,084.91 | 2,801,825.33 | 10,259.58 | 10,259.58 | 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 | $\begin{gathered} \text { Medicare } \\ \text { Cost } \end{gathered}$ | Medicare S | $\begin{gathered} \hline \text { Medicare } \\ \text { Part D } \end{gathered}$ | MSHO | $\begin{array}{\|c} \hline \begin{array}{c} \text { SNBC MA } \\ \text { only } \end{array} \\ \hline \end{array}$ | $\underset{\text { Integrated }}{\mathrm{SNBC}}$ | PMAP | MSC+ | MNCare | Dental | Other | $\begin{array}{\|l} \text { Admin } \\ \text { Services } \end{array}$ |
| 17 | Employee benefit expenses | 4,165,202.00 | 4,149,948.00 | 15,254.00 | 15,254.00 | 0 | 0 | 0 | 0 | 0 | , | , | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | Sales expenses | 3,456,574.00 | 3,43,327.00 | 26,24.00 | 26,247.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | General business/office expense | 6,273,383.00 | 6,246,182.00 | 27,201.00 | 27,201.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | State premium taxes and assessments | 633,792.00 | 628,882.00 | 4,910.00 | 4,910.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Consulting and professional fees | 507,098.00 | 499,283.00 | 7,815.00 | 7,815.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | Outsourced services | 421,895.00 | 420,350.00 | 1,545.00 | 1,545.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | Other expenses | 1,042,182.00 | 1,038,404.00 | 3,778.00 | 3,778.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |
| 24 | Total Non-Claim Expenses = Sum of Lines 17 to 23 | 16,500,126.00 | 16,413,37.00 | 86,750.00 | 86,750.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | Claims Adjustment Expenses | 7,074,581.75 | 7,053,159,75 | 21,422.00 | 21,422.00 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 | Revenues (Supp Report \#1, Line 8) | 160,450,879.09 | 159,959,843.09 | 491,036.00 | 491,036.00 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 | Incurred Claims (Supp Report \#1, Line 18 + Line 22) | 140,427,146,75 | 139,857,719,89 | 569,426.86 | 569,426.86 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 | Net Investment Gain/(Loss) (Allocated) | 1,502,515.94 | 1,497,360.38 | 5,155.56 | 5,155.56 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 | Aggregate Write Ins for Other Income or (Expenses) | 146.00 | 146.00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | Federal and Foreign Income Taxes Incurred | 946,136.79 | 946,136.79 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 | Net Income = Lines $26+28+29-24-25-27-30$ | (2,994,450.26) | (2,813,042.96) | (181,407.30) | (181,407.30) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  | 0 | 0 | 0 | 0 |

