

HealthPartners, Inc.
Minnesota Supplement Report #1A
REALLOCATION OF EXPENSES AND INVESTMENT INCOME
For the Year Ending December 31, 2015
Public Information, Minnesota Statutes § 62D.08

Line	Direct Non-Claim Expenses	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		Total	Non MN	Total MN	Commercial	M+C	Medicare	MSHO	SNBC MA	SNBC	PMAP	MNCare	Dental	Med Supp	MSC
1	Employee benefit expenses	35,723,000	0	35,723,000	18,922,000	209,000	0	1,333,000	0	0	11,834,000	1,669,000	1,498,000	30,000	228,000
2	Sales expenses	214,000	0	214,000	114,000	1,000	0	8,000	0	0	71,000	10,000	9,000	0	1,000
3	General business/office expense	12,905,000	0	12,905,000	6,839,000	75,000	0	481,000	0	0	4,273,000	603,000	541,000	11,000	82,000
4	State premium taxes and assessments	45,087,000	0	45,087,000	27,441,000	22,000	0	2,289,000	0	0	11,659,000	1,494,000	1,573,000	8,000	601,000
5	Consulting and professional fees	1,340,000	0	1,340,000	709,000	8,000	0	50,000	0	0	444,000	63,000	56,000	1,000	9,000
6	Outsourced services	2,503,000	0	2,503,000	1,326,000	15,000	0	93,000	0	0	829,000	117,000	105,000	2,000	16,000
7	Other expenses	2,928,000	0	2,928,000	1,550,000	17,000	0	109,000	0	0	971,000	136,000	123,000	3,000	19,000
8	Total Direct Expenses	100,700,000	0	100,700,000	56,901,000	347,000	0	4,363,000	0	0	30,081,000	4,092,000	3,905,000	55,000	956,000

Line	Reallocated Indirect Non-Claim Expenses	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		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

Line	Direct plus Indirect Non-Claim Expenses	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		NAIC Total	Non MN	Total MN	Commercial	M+C	Medicare	MSHO	SNBC MA	SNBC	PMAP	MNCare	Dental	Med Supp	MSC
17	Employee benefit expenses	35,723,000	0	35,723,000	18,922,000	209,000	0	1,333,000	0	0	11,834,000	1,669,000	1,498,000	30,000	228,000
18	Sales expenses	214,000	0	214,000	114,000	1,000	0	8,000	0	0	71,000	10,000	9,000	0	1,000
19	General business/office expense	12,905,000	0	12,905,000	6,839,000	75,000	0	481,000	0	0	4,273,000	603,000	541,000	11,000	82,000
20	State premium taxes and assessments	45,087,000	0	45,087,000	27,441,000	22,000	0	2,289,000	0	0	11,659,000	1,494,000	1,573,000	8,000	601,000
21	Consulting and professional fees	1,340,000	0	1,340,000	709,000	8,000	0	50,000	0	0	444,000	63,000	56,000	1,000	9,000
22	Outsourced services	2,503,000	0	2,503,000	1,326,000	15,000	0	93,000	0	0	829,000	117,000	105,000	2,000	16,000
23	Other expenses	2,928,000	0	2,928,000	1,550,000	17,000	0	109,000	0	0	971,000	136,000	123,000	3,000	19,000
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	100,700,000	0	100,700,000	56,901,000	347,000	0	4,363,000	0	0	30,081,000	4,092,000	3,905,000	55,000	956,000
25	Claims Adjustment Expenses	24,198,000	0	24,198,000	10,227,000	27,000	0	4,777,000	0	0	6,716,000	887,000	34,000	14,000	1,516,000
26	Revenues (Supp Report #1, Line 8)	1,425,014,000		1,425,014,000	671,201,000	2,515,000	0	111,980,000	0	0	496,471,000	66,470,000	51,291,000	488,000	24,598,000
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	1,231,042,000		1,231,042,000	591,813,000	2,650,000	0	99,188,000	0	0	420,499,000	54,039,000	43,758,000	388,000	18,707,000
28	Net Investment Gain/(Loss) (Allocated)	7,741,000		7,741,000	7,559,000	(12,000)	0	206,000	0	0	(29,000)	(87,000)	0	17,000	87,000
29	Aggregate Write Ins for Other Income or (Expenses)	0		0	0	0	0	0	0	0	0	0	0	0	0
30	Federal and Foreign Income Taxes Incurred	0		0	0	0	0	0	0	0	0	0	0	0	0
31	Net Income = Lines 26+28+29-24-25-27-30	76,815,000	0	76,815,000	19,819,000	(521,000)	0	3,858,000	0	0	39,146,000	7,365,000	3,594,000	48,000	3,506,000