

**Sanford Health Plan of Minnesota
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 products	Commercial	M+C	Medicare	MSHO	SNBC MA	SNBC	PMAP	MNCare	Dental	Other	Admin
1	Employee benefit expenses	-		-	-									-	
2	Sales expenses	97,758.43		97,758.43	60,057.43									37,701.00	
3	General business/office expense	30,668.23		30,668.23	22,228.35									8,439.88	
4	State premium taxes and assessments	81,393.18		81,393.18	77,754.48									3,638.70	
5	Consulting and professional fees	104,486.66		104,486.66	75,732.00									28,754.66	
6	Outsourced services	1,552.03		1,552.03	-									1,552.03	
7	Other expenses	4,028.30		4,028.30	4,028.30									-	
8	Total Direct Expenses	319,886.83	-	319,886.83	239,800.57	-	-	-	-	-	-	-	-	80,086.26	-

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 products	Commercial	M+C	Medicare	MSHO	SNBC MA	SNBC	PMAP	MNCare	Dental	Other	Admin
9	Employee benefit expenses	16,707.16		16,707.16	12,109.36									4,597.80	
10	Sales expenses	-		-	-									-	
11	General business/office expense	1,186.28		1,186.28	859.82									326.46	
12	State premium taxes and assessments	-		-	-									-	
13	Consulting and professional fees	4,453.31		4,453.31	3,227.76									1,225.55	
14	Outsourced services	9,118.44		9,118.44	6,609.05									2,509.39	
15	Other expenses	(404.79)		(404.79)	(293.39)									(111.40)	
16	Total Indirect Expenses	31,060.40	-	31,060.40	22,512.60	-	-	-	-	-	-	-	-	8,547.80	-

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 products	Commercial	M+C	Medicare	MSHO	SNBC MA	SNBC	PMAP	MNCare	Dental	Other	Admin
17	Employee benefit expenses	16,707.16	-	16,707.16	12,109.36	-	-	-	-	-	-	-	-	4,597.80	-
18	Sales expenses	97,758.43	-	97,758.43	60,057.43	-	-	-	-	-	-	-	-	37,701.00	-
19	General business/office expense	31,854.51	-	31,854.51	23,088.17	-	-	-	-	-	-	-	-	8,766.34	-
20	State premium taxes and assessments	81,393.18	-	81,393.18	77,754.48	-	-	-	-	-	-	-	-	3,638.70	-
21	Consulting and professional fees	108,939.97	-	108,939.97	78,959.76	-	-	-	-	-	-	-	-	29,980.21	-
22	Outsourced services	10,670.47	-	10,670.47	6,609.05	-	-	-	-	-	-	-	-	4,061.42	-
23	Other expenses	3,623.51	-	3,623.51	3,734.91	-	-	-	-	-	-	-	-	(111.40)	-
24	Total Non-Claim Expenses = Sum of Lines 17 to 23	350,947.23	-	350,947.23	262,313.17	-	-	-	-	-	-	-	-	88,634.06	-
25	Claims Adjustment Expenses	53,272.00		53,272.00	53,272.00										
26	Revenues (Supp Report #1, Line 8)	2,618,044.76		2,618,044.76	2,265,304.96									352,739.80	
27	Incurred Claims (Supp Report #1, Line 18 + Line 22)	2,613,864.38		2,613,864.38	2,294,979.49									318,884.89	
28	Net Investment Gain/(Loss) (Allocated)	(2,788.94)		(2,788.94)	(2,788.94)									-	
29	Aggregate Write Ins for Other Income or (Expenses)	-		-	-									-	
30	Federal and Foreign Income Taxes Incurred	-		-	-									-	
31	Net Income = Lines 26+28+29-24-25-27-30	(402,827.79)	-	(402,827.79)	(348,048.64)	-	-	-	-	-	-	-	-	(54,779.15)	-