UCAA Proforma Financial Statements Life & Health Insurer

Instructions

		AL	Alabama
	he Applicant Company Name below	AR	Arkansas
	he first full year of the proformas (start with 1st ar of operation).	AS	American S
	the states to be completed for proformas by	AZ	Arizona
	the check boxes on the right and then click on the	CA	California
	e Selected State Worksheets" button below.	со	Colorado
	ete all sections of the proforma statements ned on each tab below.	ст	Connecticu
5. Note t	nat several tabs contain worksheets for 3 years of	DC	District Of
	Be sure to complete all years of data.		
	"Cut" and "Paste" cells in the worksheets. Use ' and "Paste" instead.	DE	Delaware
	ditional guidance, refer to the FAQ's on the UCAA	FL	Florida
webpa		GA	Georgia
		GU	Guam
		HI	Hawaii
		IA	lowa
		ID	Idaho
		IL	Illinois
	Enter the Applicant Company Name:	IN	Indiana
		KS	Kansas
	Applicant Company Name	КҮ	Kentucky
		LA	Louisiana
Year 1:		MA	Massachus
		MD	Maryland
Year 2:	1	ME	Maine
		МІ	Michigan
Year 3:	2	MN	Minnesota
		мо	Missouri
		MS	Mississippi

	I ICA	1		
	Uniform Certity of Authority Applie			
АК	Alaska		мт	Montana
AL	Alabama		NC	North Carolina
AR	Arkansas		ND	North Dakota
AS	American Samoa		NE	Nebraska
AZ	Arizona		NH	New Hampshire
CA	California		NJ	New Jersey
со	Colorado		NM	New Mexico
СТ	Connecticut		NV	Nevada
DC	District Of Columbia		NY	New York
DE	Delaware		ОН	Ohio
FL	Florida		ОК	Oklahoma
GA	Georgia		OR	Oregon
GU	Guam		РА	Pennsylvania
н	Hawaii		PR	Puerto Rico
IA	lowa		RI	Rhode Island
ID	Idaho		SC	South Carolina
IL	Illinois		SD	South Dakota
IN	Indiana		ΤN	Tennessee
KS	Kansas		тх	Texas
КҮ	Kentucky		UT	Utah
LA	Louisiana		VA	Virginia
MA	Massachusetts		VI	U.S. Virgin Islands
MD	Maryland		νт	Vermont
ME	Maine		WA	Washington
МІ	Michigan		wı	Wisconsin
MN	Minnesota		wv	West Virginia
мо	Missouri		WY	Wyoming
МС	Mississippi	_		

If states were added to this spreadsheet in error:

 Select the states to be deleted by clicking the check boxes on the right.
 Click on the "Delete Selected State Worksheets" button above.

Applicant Company Name: (Life, Accident, and Health Insurance Company) Pro Forma Statutory Balance Sheet (Nationwide) (In Whole Numbers)

2 0 1 **Admitted Assets** Bonds 1. Stocks (Preferred and Common) 2. Real Estate/Mortgage Loans on Real Estate 3. Cash/Cash Equivalents/Short-Term Investments 4. Other Invested Assets 5. Aggregate Write-Ins for Invested Assets 6. Separate Account Assets 7. 8. All Other Assets Total Assets (1+2+3+4+5+6+7+8) 9. --Liabilities 10. Reserve for Life Contracts 11. Reserve for Accident and Health Contracts 12. Contract Claims (Life and Accident and Health) 13. Other Amounts Payable on Reinsurance 14. Payable to Parents, Subsidiaries & Affiliates 15. All Other Liabilities 16. Asset Valuation Reserve (AVR) 17. Separate Account Liabilities 18 Total Liabilities (10+11+12+13+14+15+16+17) --**Capital and Surplus** 19. Capital Stock 20. Gross Paid In and Contributed Surplus 21. Surplus Notes 22. Unassigned Surplus 23. Aggregate Write-Ins for Other-Than-Special Surplus Funds 24. Aggregate Write-Ins for Special Surplus Funds 25. Less Treasury Stock (Common and Preferred) 26. Surplus (19+20+21+22+23+24-25) 27. Liabilities and Surplus (18+26) **Risk-Based Capital Analysis** 27. Authorized Control Level Risk-Based Capital 28. Calculated Risk-Based Capital (26+16/27) 0.0% 0.0% 0.0%

Applicant Company Name

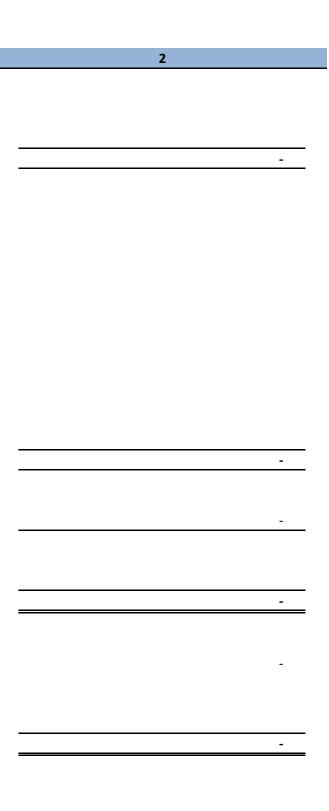
Applicant Company Name:

Applicant Company Name

(Life, Accident, and Health Insurance Company) Pro Forma Statutory Profit & Loss Statement (Nationwide) (In Whole Dollars)

1. Net Promiums (All Business) 2. Net Promiums (All Business) 2. Net Investment Income 3. Reinsurance Cading Commissions 4. Miscellaneous Income 5. Total (14:2+3*4) 6. Death Benefits 7. Matured Endowments 8. Annuity Benefits 9. Accident and Health Policy Benefits 10. Surrender Benefits and Other Fund Withdrawals 11. Group Conversions 12. Interest on Policy and Contract Funds 13. Commissions on Premiums, and Annuity Considentson (Diret Business Only) 14. Commissions and Expense Allowances on Reinsurance Assumed 15. Increase in Aggregate Reseves 16. Net Transer (to) or from Sparate Accounts Net of Reinsurance 17. Other Expenses * 18. Total Expenses (sum6=17) 19. Net Gain (Loss) from Operations Before Dividends and Federal Income Taxes (Sum6=17) 10. Ededral Income Taxes (Sum6=17) 11. Net Realized Capital Gains (Losses) 12. Less Capital Gains (Losses) 13. Net Income Taxes (Sum6=17) 14. Prior YE Surplus 15. Increase in Aggregate Reseves 16. Net Transe (Sum6=17) 19. Net Gain (Loss) from Operations Before Dividends and Federal Income Taxes (Sum6=17)			0	1
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5. Total (1+2+3+4)	3.	Reinsurance Ceding Commissions		
6. Death Benefits 7. Matured Endowments 8. Annuity Benefits 9. Accident and Health Policy Benefits 10. Surrender Benefits and Other Fund Withdrawals 11. Group Conversions 12. Interest on Policy and Contract Funds 13. Commissions on Premiums, and Annuity Considerations (Direct Business Only) 14. Commissions on Premiums, and Annuity Considerations (Direct Business Only) 14. Commissions and Expense Allowances on Reinsurance Assumed 15. Increases (hard Reseves) 16. Net Transer (to) or from Separate Accounts Net of Reinsurance 17. Other Expenses * 18. Total Expenses (sum617) 19. Net Gain (Loss) from Operations Before Dividends and Federal Income Taxes (S-18) 12. Less Capital Gains (Losses) 12. Less Capital Gains (Losses) 13. Net Income (19-20)+(21-22)) 14. Net Realized Capital Gains (Losses) 15. Net Income 16. Net Income 17. Other Increases (Decreases) 18. Net Income 19. Net Income 10. Federal Income Taxes 11. Net Realized Capital Gains (Losses) 12. Less Capital Gains (Losses) 13. Net Income -	4.	Miscellaneous Income		
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27. Other Increases (Decreases) 28. Dividends to Stockholders	25.		-	-
28. Dividends to Stockholders		•		
29. YE Surplus				
	29.	YE Surplus	<u> </u>	

*Itemize in Assumptions



Applicant Company Name: (Life, Accident, and Health Insurance Company) Pro Forma Statutory Cash Flow Statement

(In Whole Dollars)

Cash From Operations

- 1. Premiums Collected Net of Reinsurance
- 2. Net Investment Income
- 3. Miscellaneous Income
- 4. Benefit and Loss Related Payments
- 5. Net Transfers to Separate Accounts, Segrated Accounts and Protected Cell Accounts
- 6. Commissions, Expenses Paid and Aggregate Write-Ins for Deductions
- 7. Dividends Paid to Policyholders
- 8. Federal and Foreign Income Taxes Paid (Recovered)
- 9. Net Cash From Operations (1+2+3-4-5-6-7-8)

Cash From Investments

10. Net Cash from Investments

Cash From Financing and Miscellaneous Sources

- 11. Surplus Notes, Capital Notes
- 12. Capital and Paid in Surplus, Less Treasury Stock
- 13. Borrowed Funds
- 14. Net Deposits on Deposit-Type Contracts and Other Insurance Liabilities
- 15. Dividends to Stockholders
- 16. Other Cash Provided (Applied)
- 17. Net Cash from Financing and Miscellaneous Sources (11+12+13+14-15+16)
- 18.

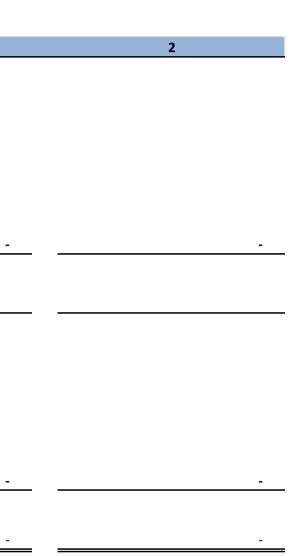
Net Change in Cash, Cash Equivalents and Short -Term Investments (9+10+17)

Applicant Company Name

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Applicant Company Name: (Life, Accident, and Health Insurance Company) Analysis of Operations by Line of Business

(In Whole Dollars)

Nati Year Applicant Company Name

Nationwide												
/ear 1	0			Ordinary			Gro	oup		Accident and Health		
	Total		Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group & Individual)	Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines Business
1. Net Premiums (All Business)		-				(
2. Net Investment Income		-										
3. Reinsurance Cededing Commissions		-										
4. Miscellaneous Income		-										
5. Total Revenue (1+2+3+4)		-	-	-	-	-	-	-			-	-
6. Death Benefits		-										
7. Matured Endowments		-										
8. Annuity Benefits		-										
9. Accident and Health Policy Benefits		-										
10. Surrender Benefits and Other Fund Withdrawals		-										
11. Group Conversions		-										
12. Interest Policy and Contract Funds		-										
 Commissions on Premiums, Annuity Considerations Direct Business Only) 		_										
14. Commissions and Expense Allowances on Reinsurance Assumed		-										
15. Increase in Aggregate Reserves		-										
16. Net Transfers to or (from) Separate Accounts Net of Reinsurance		-										
17. Other Expenses		-										
18. Total Expenses (sum617)		-	-	-	-	-	-	-			-	-
19. Net Gain (Loss) from Operations Before Dividends to and Federal Income Taxes (5-18)		-	-	-	-	-	-	-			-	-
20. Federal Income Taxes		-										
21. Net Realized Capital Gains (Losses)		-										
22. Less Capital Gains Tax		-										
23. Net Income((19-20)+(21-212)		-	-	-	-	-	-	-			-	-
24. Dividends to Stockholders		-										

Applicant Company Name: (Life, Accident, and Health Insurance Company) Analysis of Operations by Line of Business (In Whole Dollars)

Nationwide Year 2

r 2 1			Ordinary			Gr	oup		Accident and Health		
	Total	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group & Individual)	Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines Business
1. Net Premiums (All Business)	-							•			
2. Net Investment Income	-										
3. Reinsurance Cededing Commissions	-										
4. Miscellaneous Income	-										
5. Total Revenue (1+2+3+4)	-	-	-	-	-	-	-	-		-	-
6. Death Benefits	-										
7. Matured Endowments	-										
8. Annuity Benefits	-										
9. Accident and Health Policy Benefits	-										
10. Surrender Benefits and Other Fund Withdrawals	-										
11. Group Conversions	-										
12. Interest Policy and Contract Funds	-										
13. Commissions on Premiums, Annuity Considerations Direct Business											
Only)	-										
14. Commissions and Expense Allowances on Reinsurance Assumed	-										
15. Increase in Aggregate Reserves	-										
16. Net Transfers to or (from) Separate Accounts Net of Reinsurance	-										
17. Other Expenses	-										
18. Total Expenses (sum617)	-	-	-	-	-	-	-	-		-	-
19. Net Gain (Loss) from Operations Before Dividends to and Federal											
Income Taxes (5-18)	-	-	-	-	-	-	-	-		-	-
20. Federal Income Taxes	-										
21. Net Realized Capital Gains (Losses)	-										
22. Less Capital Gains Tax	-										
23. Net Income((19-20)+(21-212)	-	-	-	-	-	-	-			-	-
24. Dividends to Stockholders	-										

Applicant Company Name

Applicant Company Name: (Life, Accident, and Health Insurance Company) Analysis of Operations by Line of Business (In Whole Dollars)

Nationwide Year 3

ar 3 2			Ordinary			Gr	oup		Accident and Health		
	Total	Life	Individual Annuities	Supplementary Contracts	Credit Life (Group & Individual)	Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines Business
1. Net Premiums (All Business)	-				<u>+ · · · · · · · · · · · · · · · · · · ·</u>			•			
2. Net Investment Income	-										
3. Reinsurance Cededing Commissions	-										
4. Miscellaneous Income	-										
5. Total Revenue (1+2+3+4)	-	-	-	-	-	-	-	-	-	-	-
6. Death Benefits	-										
7. Matured Endowments	-										
8. Annuity Benefits	-										
9. Accident and Health Policy Benefits	-										
10. Surrender Benefits and Other Fund Withdrawals	-										
11. Group Conversions	-										
12. Interest Policy and Contract Funds	-										
13. Commissions on Premiums, Annuity Considerations Direct Business											
Only)	-										
14. Commissions and Expense Allowances on Reinsurance Assumed	-										
15. Increase in Aggregate Reserves	-										
16. Net Transfers to or (from) Separate Accounts Net of Reinsurance	-										
17. Other Expenses	<u> </u>										
18. Total Expenses (sum617)		-	-	-	-	-	-	-	-	-	-
19. Net Gain (Loss) from Operations Before Dividends to and Federal											
Income Taxes (5-18)		-	-	-	-	-	-	-	-	-	-
20. Federal Income Taxes	-										
21. Net Realized Capital Gains (Losses)	-										
22. Less Capital Gains Tax	-										
23. Net Income((19-20)+(21-212)	-	-	-	-	-	-	-	-	-	-	-
24. Dividends to Stockholders	-										

Applicant Company Name

FORM 13 Life
Form: OIR-DO-904
Rev.: 01/19
Rule: 690-136.100

Applicant Company Name: Applicant Company Name (Life, Accident, and Health Insurance Company)

1

2

Nationwide Premium by LOB - Planned Premium Volume by Line of Business

(Amounts in Whole Dollars)

The Nationwide Premium by LOB page is automatically calculated. It is calculated based on projected premiums by line of business for each state in which the company is already licensed and authorized to write business and projected premiums by line of business for those states in which the company is applying to be licensed and authorized. The projected premiums will pull from the Authorized Premium By LOB tab and individual state tabs.

Nationwide

Year	1

0			
Direct	Assumed	Ceded	Net
Premiums	Premiums	Premiums	Premiums
	-		-
	-		-
	-		-
	-		-
	-		-
	-		-
	-		-
	-		-
		Premiums Premiums	Premiums Premiums Premiums - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Nationwide

Year 2

		Direct	Assumed	Ceded
	Description	Premiums	Premiums	Premiums
1.	Ordinary Life Insurance	-	-	-
2.	Ordinary Individual Annuities	-	-	-
3.	Credit Life (Group and Individual)	-	-	-
4.	Group Life Insurance	-	-	-
5.	Group Annuities	-	-	-
6.	Accident and Health Group	-	-	-
7.	Accident and Health Credit (Group and			
	Individual)	-	-	-
8.	Accident and Health Other	-	-	-
9.	Aggregate of All Other Lines of Business	<u>-</u>	-	<u> </u>
10	D. Total	-		-
5. 6. 7. 8. 9.	 Group Annuities Accident and Health Group Accident and Health Credit (Group and Individual) Accident and Health Other Aggregate of All Other Lines of Business 	-	-	-

Nationwide

Year 3

	Direct	Assumed	Ceded
Description	Premiums	Premiums	Premiums
1. Ordinary Life Insurance	-	-	-
2. Ordinary Individual Annuities	-	-	-
3. Credit Life (Group and Individual)	-	-	-
4. Group Life Insurance	-	-	-
5. Group Annuities	-	-	-
6. Accident and Health Group	-	-	-
7. Accident and Health Credit (Group and			
Individual)	-	-	-
8. Accident and Health Other	-	-	-
9. Aggregate of All Other Lines of Business		-	<u> </u>
10. Total			

Net Premiums	
Trennullis	
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-

Net	
Premiums	
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-

Applicant Company Name:Applicant Company Name(Life, Accident, and Health Insurance Company)Authorized Premium by LOB (Aggregate) - Planned Premium Volume by Line of Business(Amounts in Whole Dollars)

0

2

Nationwide

	Direct	Assumed	Ceded	
Description	Premiums	Premiums	Premiums	
1. Ordinary Life Insurance				
2. Ordinary Individual Annuities				
3. Credit Life (Group and Individual)				
4. Group Life Insurance				
5. Group Annuities				
6. Accident and Health Group				
7. Accident and Health Credit (Group and				
Individual)				
8. Accident and Health Other				
9. Aggregate of All Other Lines of Business				
10. Total			-	
Nationwide				
Year 2	1			

	Direct	Assumed	Ceded	Net
Description	Premiums	Premiums	Premiums	Premiums
1. Ordinary Life Insurance				-
2. Ordinary Individual Annuities				-
3. Credit Life (Group and Individual)				-
4. Group Life Insurance				-
5. Group Annuities				-
6. Accident and Health Group				-
7. Accident and Health Credit (Group and				
Individual)				-
8. Accident and Health Other				-
9. Aggregate of All Other Lines of Business				
10. Total	-	-		-

Nationwide

Year 3

Direct	Assumed	Ceded
Premiums	Premiums	Premiums
-	_	
	Direct Premiums	

Net	
Premiums	
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-

Net	
Premiums	
	-
	-
	-
	-
	-
	-
	_
	_
	-
	-
	-

UCAA Proforma Financial Statements

List all of the relevant assumptions used to create the proformas. Note, assumptions enclosed within the Plan of Operation need not be disclosed again here.