

UCAA Proforma Financial Statements
Life & Health Insurer



Instructions

1. Enter the Applicant Company Name below
2. Enter the first full year of the proformas (start with 1st full year of operation).
3. Select the states to be completed for proformas by clicking the check boxes on the right and then click on the "Create Selected State Worksheets" button below.
4. Complete all sections of the proforma statements contained on each tab below.
5. Note that several tabs contain worksheets for 3 years of data. Be sure to complete all years of data.
6. Do not "Cut" and "Paste" cells in the worksheets. Use "Copy" and "Paste" instead.
7. For additional guidance, refer to the FAQ's on the UCAA webpage.

Enter the Applicant Company Name:

Applicant Company Name

Year 1:

Year 2:

1

Year 3:

2

- | | |
|--|---|
| <input type="checkbox"/> AK Alaska | <input type="checkbox"/> MT Montana |
| <input type="checkbox"/> AL Alabama | <input type="checkbox"/> NC North Carolina |
| <input type="checkbox"/> AR Arkansas | <input type="checkbox"/> ND North Dakota |
| <input type="checkbox"/> AS American Samoa | <input type="checkbox"/> NE Nebraska |
| <input type="checkbox"/> AZ Arizona | <input type="checkbox"/> NH New Hampshire |
| <input type="checkbox"/> CA California | <input type="checkbox"/> NJ New Jersey |
| <input type="checkbox"/> CO Colorado | <input type="checkbox"/> NM New Mexico |
| <input type="checkbox"/> CT Connecticut | <input type="checkbox"/> NV Nevada |
| <input type="checkbox"/> DC District Of Columbia | <input type="checkbox"/> NY New York |
| <input type="checkbox"/> DE Delaware | <input type="checkbox"/> OH Ohio |
| <input type="checkbox"/> FL Florida | <input type="checkbox"/> OK Oklahoma |
| <input type="checkbox"/> GA Georgia | <input type="checkbox"/> OR Oregon |
| <input type="checkbox"/> GU Guam | <input type="checkbox"/> PA Pennsylvania |
| <input type="checkbox"/> HI Hawaii | <input type="checkbox"/> PR Puerto Rico |
| <input type="checkbox"/> IA Iowa | <input type="checkbox"/> RI Rhode Island |
| <input type="checkbox"/> ID Idaho | <input type="checkbox"/> SC South Carolina |
| <input type="checkbox"/> IL Illinois | <input type="checkbox"/> SD South Dakota |
| <input type="checkbox"/> IN Indiana | <input type="checkbox"/> TN Tennessee |
| <input type="checkbox"/> KS Kansas | <input type="checkbox"/> TX Texas |
| <input type="checkbox"/> KY Kentucky | <input type="checkbox"/> UT Utah |
| <input type="checkbox"/> LA Louisiana | <input type="checkbox"/> VA Virginia |
| <input type="checkbox"/> MA Massachusetts | <input type="checkbox"/> VI U.S. Virgin Islands |
| <input type="checkbox"/> MD Maryland | <input type="checkbox"/> VT Vermont |
| <input type="checkbox"/> ME Maine | <input type="checkbox"/> WA Washington |
| <input type="checkbox"/> MI Michigan | <input type="checkbox"/> WI Wisconsin |
| <input type="checkbox"/> MN Minnesota | <input type="checkbox"/> WV West Virginia |
| <input type="checkbox"/> MO Missouri | <input type="checkbox"/> WY Wyoming |
| <input type="checkbox"/> MS Mississippi | |

If states were added to this spreadsheet in error:

1. Select the states to be deleted by clicking the check boxes on the right.
2. 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)

Applicant Company Name

	0	1	2
Admitted Assets			
1. Bonds			
2. Stocks (Preferred and Common)			
3. Real Estate/Mortgage Loans on Real Estate			
4. Cash/Cash Equivalents/Short-Term Investments			
5. Other Invested Assets			
6. Aggregate Write-Ins for Invested Assets			
7. Separate Account Assets			
8. All Other Assets			
9. Total Assets (1+2+3+4+5+6+7+8)	-	-	-
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:
(Life, Accident, and Health Insurance Company)
Pro Forma Statutory Profit & Loss Statement (Nationwide)
(In Whole Dollars)

Applicant Company Name

	0	1	2
1. Net Premiums (All Business)			
2. Net Investment Income			
3. Reinsurance Ceding Commissions			
4. Miscellaneous Income			
5. Total (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 on Policy and Contract Funds			
13. Commissions on Premiums, and Annuity Considerations (Direct Business Only)			
14. Commissions and Expense Allowances on Reinsurance Assumed			
15. Increase in Aggregate Reserves			
16. Net Transfer (to) or from Separate Accounts Net of Reinsurance			
17. Other Expenses *			
18. Total Expenses (sum6...17)	-	-	-
19. Net Gain (Loss) from Operations Before Dividends 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)+(21-22))	-	-	-
24. Prior YE Surplus			
25. Net Income	-	-	-
26. Capital Increases			
27. Other Increases (Decreases)			
28. Dividends to Stockholders			
29. YE Surplus	-	-	-

*Itemize in Assumptions

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

Applicant Company Name

	0	1	2
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, Segregated 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:
(Life, Accident, and Health Insurance Company)
Analysis of Operations by Line of Business
(In Whole Dollars)

Applicant Company Name

Nationwide
Year 1

	Total	Ordinary			Credit Life (Group & Individual)	Group		Accident and Health			Aggregate of All Other Lines Business
		Life Insurance	Individual Annuities	Supplementary Contracts		Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	
1. Net Premiums (All Business)	-										
2. Net Investment Income	-										
3. Reinsurance Ceding 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 (sum6...17)	-	-	-	-	-	-	-	-	-	-	-
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)

Applicant Company Name

Nationwide
Year 2

	Total	Ordinary			Credit Life (Group & Individual)	Group		Accident and Health			Aggregate of All Other Lines Business
		Life Insurance	Individual Annuities	Supplementary Contracts		Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	Other	
1. Net Premiums (All Business)	-										
2. Net Investment Income	-										
3. Reinsurance Ceding 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 (sum6...17)	-	-	-	-	-	-	-	-	-	-	-
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)

Applicant Company Name

Nationwide
Year 3

	Total	Ordinary			Credit Life (Group & Individual)	Group		Accident and Health		Aggregate of All Other Lines Business
		Life Insurance	Individual Annuities	Supplementary Contracts		Life Insurance (a)	Annuities	Group	Credit (Group and Individual)	
1. Net Premiums (All Business)	-									
2. Net Investment Income	-									
3. Reinsurance Ceding 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 (sum6...17)	-	-	-	-	-	-	-	-	-	-
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)
 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			
Description	Direct Premiums	Assumed Premiums	Ceded Premiums	Net 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			
Description	Direct Premiums	Assumed Premiums	Ceded Premiums	Net 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		2			
Description	Direct Premiums	Assumed Premiums	Ceded Premiums	Net 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	-	-	-	-	-

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)

Nationwide
Year 1 **0**

Description	Direct Premiums	Assumed Premiums	Ceded Premiums	Net 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**

Description	Direct Premiums	Assumed Premiums	Ceded Premiums	Net 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 **2**

Description	Direct Premiums	Assumed Premiums	Ceded Premiums	Net 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	-	-	-	-

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.

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