UCAA Proforma Financial Statements

Health

Instructions

1. Enter the Applicant Company Name below
2. Enter the first full year of the proformas (start with first 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

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.

Uniform Certificate of Authority Application

☐	AK	Alaska	☐	MT	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
☐	CO	Colorado	☐	NM	New Mexico
☐	CT	Connecticut	☐	NV	Nevada
☐	DC	District Of Columbia	☐	NY	New York
☐	DE	Delaware	☐	OH	Ohio
☐	FL	Florida	☐	OK	Oklahoma
☐	GA	Georgia	☐	OR	Oregon
☐	GU	Guam	☐	PA	Pennsylvania
☐	HI	Hawaii	☐	PR	Puerto Rico
☐	IA	Iowa	☐	RI	Rhode Island
☐	ID	Idaho	☐	SC	South Carolina
☐	IL	Illinois	☐	SD	South Dakota
☐	IN	Indiana	☐	TN	Tennessee
☐	KS	Kansas	☐	TX	Texas
☐	KY	Kentucky	☐	UT	Utah
☐	LA	Louisiana	☐	VA	Virginia
☐	MA	Massachusetts	☐	VI	U.S. Virgin Islands
☐	MD	Maryland	☐	VT	Vermont
☐	ME	Maine	☐	WA	Washington
☐	MI	Michigan	☐	WI	Wisconsin
☐	MN	Minnesota	☐	WV	West Virginia
☐	MO	Missouri	☐	WY	Wyoming
☐	MS	Mississippi			

Updated: 2018

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Applicant Company Name
(Health Company)
Pro Forma Statutory Balance Sheet (Nationwide)
(In Whole Numbers)

		0	1	2
	Admitted Assets			
1.	Bonds			
2.	Stocks (Preferred & 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.	All Other Assets			
8.	Total Admitted Assets (1+2+3+4+5+6+7)	-	-	-
	Liabilities			
9.	Losses (Unpaid Claims for Accident and Health Policies)			
10.	Unpaid Claims Adjustment Expenses			
11.	Aggregate Health Policy Reserves			
12.	Ceded Reinsurance Premiums Payable			
13.	Amounts Due To Parents, Subsidiaries & Affiliates			
14.	MLR Rebates			
15.	Premiums Received In Advance			
16.	All Other Liabilites			
17.	Total Liabilities (9+10+11+12+13+14+15+16)	-	-	-
	Capital and Surplus			
18.	Capital Stock			
19.	Gross Paid In And Contributed Surplus			
20.	Surplus Notes			
21.	Unassigned Funds (Surplus)			
22.	Aggregate Write-ins for Other-Than-Special Surplus Funds			
23.	Less Treasury Stock (Common and Preferred)			
24.	Total Capital and Surplus (18+19+20+21+22-23)	-	-	-
25.	Liabilities and Surplus (17+24)	-	-	-

	Risk-Based Capital Analysis			
25.	Authorized Control Level Risk-Based Capital			
26.	Calculated Risk-Based Capital (24/25)	0.0%	0.0%	0.0%

Applicant Company Name
(Health Company)
Pro Forma Statutory Profit & Loss Statement (Nationwide)
(In Whole Numbers)

	0	1	2
1. Member Months			
2. Net Premium Income			
3. Fee For Service			
4. Risk Revenue			
5. Change In Unearned Premium Reserves and Reserve for Rate Credits			
6. Aggregate Write-Ins For Other Health Care Related Revenue			
7. Aggregate Write-Ins For Other Non-Health Revenue			
8. Total (L2+L3+L4+L5+L6+L7)	-	-	-
Hospital and Medical:			
9. Hospital/Medical Benefits			
10. Other Professional Services			
11. Prescription Drugs			
12. Aggregate Write-Ins For Other Hospital and Medical			
13. Subtotal (L9+L10+L11+L12)	-	-	-
Less:			
14. Net Reinsurance Recoveries			
15. Total Hospital and Medical (L13 - L14)	-	-	-
16. Non-Health Claims (net)			
17. Claims Adjustment Expenses			
18. General Administrative Expenses			
19. Increase In Reserves For Life & Accident And Health Contacts			
20. Total underwriting deductions (L15+L16+L17+L18+L19)	-	-	-
21. Net underwriting gain or loss (L8 -L20)	-	-	-
22. Net investment income earned			
23. Net investment gains (losses) (L22+L26)	-	-	-
24. Aggregate write in for other income or expenses			
25. Federal and Foreign Income Taxes Incurred			
26. Net Realized Capital Gains (Losses)			
27. Less Capital Gains Tax			
28. Net Income (L21+L23+L24-L25)	-	-	-
29. Capital and Surplus Prior Reporting Year			
30. Net Income or (Loss)	-	-	-
31. Capital Changes			
32. Other Increases (Decreases)			
33. Dividends to Stockholders			
34. Capital and Surplus End of Reporting Year (L29+L30+L31+L32-L33)	-	-	-

*Itemize in Assumptions

Applicant Company Name
(Health Company)
Pro Forma Statutory Cash Flow Statement
(In Whole Numbers)

	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 (L1+L2+L3-L4-L5-L6-L7-L8)	-	-	-
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 Misc Sources (L11+L12+L13+L14+L15-L16)	-	-	-
18. Net Change in Cash, Cash Equivalents and Short -Term Investments (L9+L10+L17)	-	-	-

Applicant Company Name
(Health Company)
Analysis of Operations by Line of Business
(In Whole Numbers)

Nationwide
Year 1

	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net Premium Income	-									
2. Change in Unearned Premium Reserves and Reserve For Rate Credit	-									
3. Fee for service	-									
4. Risk revenue	-									
5. Aggregate Write-Ins for Other Health Care Related Revenues	-									
6. Aggregate Write-Ins for Other Non-Health Care Related Revenues	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. **Total Revenues (1+2+3+4+5+6)**	-	-	-	-	-	-	-	-	-	-
8. Hospital/Medical Benefits	-									
9. Other Professional Services	-									
10. Prescription Drugs	-									
11. Aggregatae Write-Ins For Other Hospital and Medical	-									
12. Subtotal (8+9+10+11)	-	-	-	-	-	-	-	-	-	-
13. Net Reinsurance Recoveries	-									
14. Total Hospital and Medical (12-13)	-	-	-	-	-	-	-	-	-	-
15. Non-Health Claims (Net)	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
16. Claims Adjustment Expenses	-									
17. General Administrative Expenses	-									
18. Increase in Reserves for Accident and Health Contracts	-									
19 Increase in Reserves for Life Contracts	-									
20. Aggregate write in for Other Expenses	-									
21. Total Underwriting Deductions (14 to 20)	-	-	-	-	-	-	-	-	-	-
22. Net underwriting Gain or (Loss) (7-21)	-	-	-	-	-	-	-	-	-	-

Year 2

	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net Premium Income	-									
2. Change in Unearned Premium Reserves and Reserve For Rate Credit	-									
3. Fee for service	-									
4. Risk revenue	-									
5. Aggregate Write-Ins for Other Health Care Related Revenues	-									
6. Aggregate Write-Ins for Other Non-Health Care Related Revenues	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. **Total Revenues (1+2+3+4+5+6)**	-	-	-	-	-	-	-	-	-	-
8. Hospital/Medical Benefits	-									
9. Other Professional Services	-									
10. Prescription Drugs	-									
11. Aggregatae Write-Ins For Other Hospital and Medical	-									
12. Subtotal (8+9+10+11)	-	-	-	-	-	-	-	-	-	-
13. Net Reinsurance Recoveries	-									
14. Total Hospital and Medical (12-13)	-	-	-	-	-	-	-	-	-	-
15. Non-Health Claims (Net)	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
16. Claims Adjustment Expenses	-									
17. General Administrative Expenses	-									
18. Increase in Reserves for Accident and Health Contracts	-									
19 Increase in Reserves for Life Contracts	-									
20. Aggregate write in for Other Expenses	-									
21. Total Underwriting Deductions (14 to 20)	-	-	-	-	-	-	-	-	-	-
22. Net underwriting Gain or (Loss) (7-21)	-	-	-	-	-	-	-	-	-	-

Nationwide
Year 3

	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net Premium Income	-									
2. Change in Unearned Premium Reserves and Reserve For Rate Credit	-									
3. Fee for service	-									
4. Risk revenue	-									
5. Aggregate Write-Ins for Other Health Care Related Revenues	-									
6. Aggregate Write-Ins for Other Non-Health Care Related Revenues	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. **Total Revenues (1+2+3+4+5+6)**	-	-	-	-	-	-	-	-	-	-
8. Hospital/Medical Benefits	-									
9. Other Professional Services	-									
10. Prescription Drugs	-									
11. Aggregatae Write-Ins For Other Hospital and Medical	-									
12. Subtotal (8+9+10+11)	-	-	-	-	-	-	-	-	-	-
13. Net Reinsurance Recoveries	-									
14. Total Hospital and Medical (12-13)	-	-	-	-	-	-	-	-	-	-
15. Non-Health Claims (Net)	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
16. Claims Adjustment Expenses	-									
17. General Administrative Expenses	-									
18. Increase in Reserves for Accident and Health Contracts	-									
19 Increase in Reserves for Life Contracts	-									
20. Aggregate write in for Other Expenses	-									
21. Total Underwriting Deductions (14 to 20)	-	-	-	-	-	-	-	-	-	-
22. Net underwriting Gain or (Loss) (7-21)	-	-	-	-	-	-	-	-	-	-

NEW PAGE

The state pages will be duplicates of the Nationwide and Authorized Premium by LOB pages.

The nationwide page will be auto calculated based on the premiums reported on the Authorized and State pages.

Applicant Company Name
(Health Company)
Planned Premium Volume by Line of Business
(Amounts in Whole Dollars)

The Nationwide page will include projected premiums by line of business for a three year period for those states in which the company is already licensed and authorized to write business and three years of projected premiums by line of business for those states in which the company is applying to be licensed and authorized. The projected premiums for the lines of business in those states in which the company is authorized to write will be pulled in from the Authorized Premium By LOB tab and the projected premiums for the lines of business in which the Applicant Company is applying for will pull in from the individual state tabs.

Nationwide
Year 1

	Description	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income
1.	Comprehensive (Hospital and Medical)	-	-	-	-
2.	Medicare Supplement	-	-	-	-
3.	Dental only	-	-	-	-
4.	Vision only	-	-	-	-
5.	Federal Employees Health Benefits Plan	-	-	-	-
6.	Title XVIII - Medicare	-	-	-	-
7.	Title XIX - Medicaid	-	-	-	-
8.	Other health	-	-	-	-
9.	Life	-	-	-	-
10.	Property/Casualty	-	-	-	-
11.	**Total (L1+L2+L3+L4+L5+L6+L7+L8+L9+L10)**	-	-	-	-

Nationwide
Year 2

	Description	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income
1.	Comprehensive (Hospital and Medical)	-	-	-	-
2.	Medicare Supplement	-	-	-	-
3.	Dental only	-	-	-	-
4.	Vision only	-	-	-	-
5.	Federal Employees Health Benefits Plan	-	-	-	-
6.	Title XVIII - Medicare	-	-	-	-
7.	Title XIX - Medicaid	-	-	-	-
8.	Other health	-	-	-	-
9.	Life	-	-	-	-
10.	Property/Casualty	-	-	-	-
11.	**Total (L1+L2+L3+L4+L5+L6+L7+L8+L9+L10)**	-	-	-	-

Nationwide
Year 3

	Description	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income
1.	Comprehensive (Hospital and Medical)	-	-	-	-
2.	Medicare Supplement	-	-	-	-
3.	Dental only	-	-	-	-
4.	Vision only	-	-	-	-
5.	Federal Employees Health Benefits Plan	-	-	-	-
6.	Title XVIII - Medicare	-	-	-	-
7.	Title XIX - Medicaid	-	-	-	-
8.	Other health	-	-	-	-
9.	Life	-	-	-	-
10.	Property/Casualty	-	-	-	-
11.	**Total (L1+L2+L3+L4+L5+L6+L7+L8+L9+L10)**	-	-	-	-

NEW PAGE

Applicant Company Name
(Health Company)
Authorized Premium by LOB (Aggregate) - Planned Premium Volume by Line of Business
(Amounts in Whole Dollars)

Nationwide
Year 1

	Description	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income
1.	Comprehensive (Hospital and Medical)				-
2.	Medicare Supplement				-
3.	Dental only				-
4.	Vision only				-
5.	Federal Employees Health Benefits Plan				-
6.	Title XVIII - Medicare				-
7.	Title XIX - Medicaid				-
8.	Other health				-
9.	Life				-
10.	Property/Casualty				-
11.	**Total (L1+L2+L3+L4+L5+L6+L7+L8+L9+L10)**	-	-	-	-

Nationwide
Year 2

	Description	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income
1.	Comprehensive (Hospital and Medical)				-
2.	Medicare Supplement				-
3.	Dental only				-
4.	Vision only				-
5.	Federal Employees Health Benefits Plan				-
6.	Title XVIII - Medicare				-
7.	Title XIX - Medicaid				-
8.	Other health				-
9.	Life				-
10.	Property/Casualty				-
11.	**Total (L1+L2+L3+L4+L5+L6+L7+L8+L9+L10)**	-	-	-	-

Nationwide
Year 3

	Description	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income
1.	Comprehensive (Hospital and Medical)				-
2.	Medicare Supplement				-
3.	Dental only				-
4.	Vision only				-
5.	Federal Employees Health Benefits Plan				-
6.	Title XVIII - Medicare				-
7.	Title XIX - Medicaid				-
8.	Other health				-
9.	Life				-
10.	Property/Casualty				-
11.	**Total (L1+L2+L3+L4+L5+L6+L7+L8+L9+L10)**	-	-	-	-

UCAA Proforma Financial Statements
Assumptions

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.

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

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

UCAA Uniform Certificate of Authority Application

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

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

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

		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 Reseves			
16.	Net Transer (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, 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:
(Life, Accident, and Health Insurance Company)
Analysis of Operations by Line of Business
(In Whole Dollars)

Applicant Company Name

Nationwide
Year 1 0

	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 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 (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	-										

Year 2 and Year 3 were eliminated to conserve space

NEW PAGE

The state pages will be duplicates of the Nationwide and Authorized Premium by LOB Pages.

The nationwide page will be auto calculated based on premiums reported on the Authorized and State pages.

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)

NEW PAGE

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.

UCAA Proforma Financial Statements

Property and Casualty Insurance Company

UCAA Uniform Certificate of Authority Application

Instructions

1. Enter the Applicant Company Name below
2. Enter the first full year of the proformas (the first 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

☐	AK	Alaska	☐	MT	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
☐	CO	Colorado	☐	NM	New Mexico
☐	CT	Connecticut	☐	NV	Nevada
☐	DC	District Of Columbia	☐	NY	New York
☐	DE	Delaware	☐	OH	Ohio
☐	FL	Florida	☐	OK	Oklahoma
☐	GA	Georgia	☐	OR	Oregon
☐	GU	Guam	☐	PA	Pennsylvania
☐	HI	Hawaii	☐	PR	Puerto Rico
☐	IA	Iowa	☐	RI	Rhode Island
☐	ID	Idaho	☐	SC	South Carolina
☐	IL	Illinois	☐	SD	South Dakota
☐	IN	Indiana	☐	TN	Tennessee
☐	KS	Kansas	☐	TX	Texas
☐	KY	Kentucky	☐	UT	Utah
☐	LA	Louisiana	☐	VA	Virginia
☐	MA	Massachusetts	☐	VI	U.S. Virgin Islands
☐	MD	Maryland	☐	VT	Vermont
☐	ME	Maine	☐	WA	Washington
☐	MI	Michigan	☐	WI	Wisconsin
☐	MN	Minnesota	☐	WV	West Virginia
☐	MO	Missouri	☐	WY	Wyoming
☐	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"

Company Name: **Applicant Company Name**

(Property & Casualty Insurance Company)

Pro Forma Statutory Balance Sheet

(In Whole Numbers)

		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.	All Other Assets			
8.	**Total Admitted Assets**	-	-	-
	Liabilities			
9.	Losses			
10.	Loss Adjustment Expenses			
11.	Unearned Premiums			
12.	Ceded Reinsurance Payable			
13.	Payable to Parent, Subsidiaries & Affiliates			
14.	All Other Liabilities			
15.	Total Liabilities (9+10+11+12+13+14)	-	-	-
	Capital and Surplus			
16.	Capital Stock			
17.	Gross Paid in and Contributed Surplus			
18.	Surplus Notes			
19.	Unassigned Funds (Surplus)			
20.	Aggregate Write-Ins for Other-Than-Special Surplus Funds			
21.	Aggregate Write-Ins for Special Surplus Funds			
22.	Less Treasury Stock (Common and Preferred)			
23.	Surplus as Regards Policyholders (16+17+18+19+20+21-22)	-	-	-
24.	Liabilities and Surplus (15+23)	-	-	-

Risk-Based Capital Analysis

24.	**Authorized Control Level Risk-Based Capital**			
25.	**Calculated Risk-Based Capital (23/24)**	**0%**	**0%**	**0%**

Company Name: **Applicant Company Name**
(Property & Casualty Insurance Company)
Pro Forma Statutory Profit & Loss Statement
(In Whole Dollars)

		0	1	2
1.	Net Premiums Earned			
2.	Net Losses Incurred (Case & IBNR)			
3.	Net Loss Adjustment Expenses Incurred			
4.	Direct and Assumed Commissions & Brokerage			
5.	Reinsurance Ceding Commissions			
6.	Net Commissions Incurred (4-5)	-	-	-
7.	Other Contractual Agreements*			
8.	Other Underwriting Expenses Incurred**			
9.	**Underwriting Gain (Loss) (1-(2+3+6+7+8))**	-	-	-
10.	Net Investment Income			
11.	Other Income			
12.	Income Taxes Incurred			
13.	**Net Operating Income (Loss) after taxes**	-	-	-
14.	Prior YE Surplus as Regards Policyholders, December 31 Prior Year			
15.	Net Income	-	-	-
16.	Capital Increases Changes			
17.	Other Increases (Decreases)			
18.	Dividends to Stockholders			
19.	**YE Surplus as Regards Policyholders, December 31 Current Year**	-	-	-
	Operating Percentages:			
	Net Premiums Earned	100.00%	100.00%	100.00%
20.	Net Losses Incurred to Net Premiums Earned(2/1)	0.00%	0.00%	0.00%
21.	Net Loss Adjustment Expenses Incurred to Net Premiums Earned(3/1)	0.00%	0.00%	0.00%
22.	Other Underwriting Expenses to Net Premiums Earned ((6+7+8)/1)	0.00%	0.00%	0.00%
23.	Net Underwriting Gain Or (Loss) (9/1)	0.00%	0.00%	0.00%
	Other Percentages:			
24.	Other Underwriting Expenses to Net Premiums Written ((6+7+8)/Total Net Premiums Written))	0.00%	0.00%	0.00%
25.	Net Loss and Loss Adjustment Expenses Incurred to Net Premiums Earned ((2+3)/1)	0.00%	0.00%	0.00%

*ie... MGA(excluding amounts included above as agents commissions), service contracts, claims payment contracts
**** Itemize in assumptions**

Company Name: **Applicant Company Name**
(Property & Casualty Insurance Company)
Pro Forma Statutory Cash Flow Statement
(In Whole Numbers)

	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, 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)	-	-	-

Company Name: Applicant Company Name
(Property & Casualty Insurance Company)
Premiums Written to Surplus Ratios
Amounts in Whole Dollars

Nationwide

Year	Direct Premiums Written	Assumed Premiums Written	Gross Premiums Written	Ceded Premiums Written	Net Premiums Written	Gross Written Premiums to Surplus	NetWritten Premiums to Surplus
0	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-

No data entry is required on this page.

NEW PAGE

The state pages will be duplicates of the Nationwide and Authorized Premiums pages.

The nationwide page will be auto calculated based on the Authorized and State pages.

Applicant Company Name: **Applicant Company Name**
(Property & Casualty 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**

Annual Statement Line	Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premuims Earned	Ceded Premiums Earned	Net Premiums Earned
1.0	Fire	-	-	-	-	-	-	-	-
2.1	Allied Lines	-	-	-	-	-	-	-	-
2.2	Multiple Peril Crop	-	-	-	-	-	-	-	-
2.3	Federal Flood	-	-	-	-	-	-	-	-
2.4	Private Crop	-	-	-	-	-	-	-	-
2.5	Private Flood	-	-	-	-	-	-	-	-
3.0	Farmowners Multiple Peril	-	-	-	-	-	-	-	-
4.0	Homeowners Multiple Peril	-	-	-	-	-	-	-	-
5.1	Commercial Multiple Peril (Non-Liability Portion)	-	-	-	-	-	-	-	-
5.2	Commercial Multiple Peril (Liability Portion)	-	-	-	-	-	-	-	-
6.0	Mortgage Guaranty	-	-	-	-	-	-	-	-
8.0	Ocean Marine	-	-	-	-	-	-	-	-
9.0	Inland Marine	-	-	-	-	-	-	-	-
10.0	Financial Guaranty	-	-	-	-	-	-	-	-
11.0	Medical Professional Liability	-	-	-	-	-	-	-	-
12.0	Earthquake	-	-	-	-	-	-	-	-
13.0	Group Accident & Health	-	-	-	-	-	-	-	-
14.0	Credit A&H (Group & Individual)	-	-	-	-	-	-	-	-
15.1	Collectively Renewable A&H	-	-	-	-	-	-	-	-
15.2	Non-Cancellable A&H	-	-	-	-	-	-	-	-
15.3	Guaranteed Renewable A&H	-	-	-	-	-	-	-	-
15.4	Non-Renewable for Stated Reasons Only	-	-	-	-	-	-	-	-
15.5	Other Accident Only	-	-	-	-	-	-	-	-
15.6	Medicare Title XVIII Exempt From State Taxes or Fees	-	-	-	-	-	-	-	-
15.7	All Other A&H	-	-	-	-	-	-	-	-
15.8	Federal Employees Health Benefits Plan Premium	-	-	-	-	-	-	-	-
16.0	Workers' Compensation	-	-	-	-	-	-	-	-
17.1	Other Liability—Occurrence	-	-	-	-	-	-	-	-
17.2	Other Liability—Claims Made	-	-	-	-	-	-	-	-
17.3	Excess Workers' Compensation	-	-	-	-	-	-	-	-
18.0	Products Liability	-	-	-	-	-	-	-	-
19.1	Private Passenger Auto No-Fault (PIP)	-	-	-	-	-	-	-	-
19.2	Other Private Passenger Auto Liability	-	-	-	-	-	-	-	-
19.3	Commercial Auto No-Fault (PIP)	-	-	-	-	-	-	-	-
19.4	Other Commercial Auto Liability	-	-	-	-	-	-	-	-
21.1	Private Passenger Auto Physical Damage	-	-	-	-	-	-	-	-
21.2	Commercial Auto Physical Damage	-	-	-	-	-	-	-	-
22.0	Aircraft (All Perils)	-	-	-	-	-	-	-	-
23.0	Fidelity	-	-	-	-	-	-	-	-
24.0	Surety	-	-	-	-	-	-	-	-
26.0	Burglary and Theft	-	-	-	-	-	-	-	-
27.0	Boiler and Machinery	-	-	-	-	-	-	-	-
28.0	Credit	-	-	-	-	-	-	-	-
30.0	Warranty	-	-	-	-	-	-	-	-
34.0	Prepaid Legal	-	-	-	-	-	-	-	-
34.0	Bail Bonds	-	-	-	-	-	-	-	-
34.0	Glass	-	-	-	-	-	-	-	-
34.0	Title	-	-	-	-	-	-	-	-
34.0	Livestock	-	-	-	-	-	-	-	-
34.0	Industrial Extended Coverage	-	-	-	-	-	-	-	-
34.0	Mobile Home Multiple Peril	-	-	-	-	-	-	-	-
34.0	Mobile Home Physical Damage	-	-	-	-	-	-	-	-
34.0	Reinsurance	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-

Year 2 and Year 3 were eliminated to conserve space

NEW PAGE

Applicant Company Name: Applicant Company Name
(Property & Casualty Insurance Company)
Authorized Premium by LOB (Aggregate) - Planned Premium Volume By Line of Business
Amounts in Whole Dollars

Authorized
Year 1 0

Annual Statement Line	Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premuims Earned	Ceded Premiums Earned	Net Premiums Earned
1.0	Fire				-				-
2.1	Allied Lines				-				-
2.2	Multiple Peril Crop				-				-
2.3	Federal Flood				-				-
2.4	Private Crop				-				-
2.5	Private Flood				-				-
3.0	Farmowners Multiple Peril				-				-
4.0	Homeowners Multiple Peril				-				-
5.1	Commercial Multiple Peril (Non-Liability Portion)				-				-
5.2	Commercial Multiple Peril (Liability Portion)				-				-
6.0	Mortgage Guaranty				-				-
8.0	Ocean Marine				-				-
9.0	Inland Marine				-				-
10.0	Financial Guaranty				-				-
11.0	Medical Professional Liability				-				-
12.0	Earthquake				-				-
13.0	Group Accident & Health				-				-
14.0	Credit A&H (Group & Individual)				-				-
15.1	Collectively Renewable A&H				-				-
15.2	Non-Cancellable A&H				-				-
15.3	Guaranteed Renewable A&H				-				-
15.4	Non-Renewable for Stated Reasons Only				-				-
15.5	Other Accident Only				-				-
15.6	Medicare Title XVIII Exempt From State Taxes or Fees				-				-
15.7	All Other A&H				-				-
15.8	Federal Employees Health Benefits Plan Premium				-				-
16.0	Workers' Compensation				-				-
17.1	Other Liability—Occurrence				-				-
17.2	Other Liability—Claims Made				-				-
17.3	Excess Workers' Compensation				-				-
18.0	Products Liability				-				-
19.1	Private Passenger Auto No-Fault (PIP)				-				-
19.2	Other Private Passenger Auto Liability				-				-
19.3	Commercial Auto No-Fault (PIP)				-				-
19.4	Other Commercial Auto Liability				-				-
21.1	Private Passenger Auto Physical Damage				-				-
21.2	Commercial Auto Physical Damage				-				-
22.0	Aircraft (All Perils)				-				-
23.0	Fidelity				-				-
24.0	Surety				-				-
26.0	Burglary and Theft				-				-
27.0	Boiler and Machinery				-				-
28.0	Credit				-				-
30.0	Warranty				-				-
34.0	Prepaid Legal				-				-
34.0	Bail Bonds				-				-
34.0	Glass				-				-
34.0	Title				-				-
34.0	Livestock				-				-
34.0	Industrial Extended Coverage				-				-
34.0	Mobile Home Multiple Peril				-				-
34.0	Mobile Home Physical Damage				-				-
34.0	Reinsurance				-				-
34.0	Other				-				-
34.0	Other				-				-
34.0	Other				-				-
	Total	-	-	-	-	-	-	-	-

Year 2 and Year 3 were eliminated to conserve space

Applicant Company Name:
(Property & Casualty Insurance Company)
Nationwide Incurred Loss Summary By Line of Business
Amounts in Whole Dollars

Applicant Company Name

The state pages will be duplicates of the Nationwide Incurred Losses by LOB of page.

The nationwide page will be calculated based on the incurred losses reported on the Authorized and State pages.

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

Nationwide
Year 1 **0**

Annual Statement Line	Description	Direct Losses Incurred *	Assumed Losses Incurred *	Ceded Losses Incurred *	Net Losses Incurred *
1.0	Fire	-	-	-	-
2.1	Allied Lines	-	-	-	-
2.2	Multiple Peril Crop	-	-	-	-
2.3	Federal Flood	-	-	-	-
2.4	Private Crop	-	-	-	-
2.5	Private Flood	-	-	-	-
3.0	Farmowners Multiple Peril	-	-	-	-
4.0	Homeowners Multiple Peril	-	-	-	-
5.1	Commercial Multiple Peril (Non-Liability Portion)	-	-	-	-
5.2	Commercial Multiple Peril (Liability Portion)	-	-	-	-
6.0	Mortgage Guaranty	-	-	-	-
8.0	Ocean Marine	-	-	-	-
9.0	Inland Marine	-	-	-	-
10.0	Financial Guaranty	-	-	-	-
11.0	Medical Professional Liability	-	-	-	-
12.0	Earthquake	-	-	-	-
13.0	Group Accident & Health	-	-	-	-
14.0	Credit A&H (Group & Individual)	-	-	-	-
15.1	Collectively Renewable A&H	-	-	-	-
15.2	Non-Cancellable A&H	-	-	-	-
15.3	Guaranteed Renewable A&H	-	-	-	-
15.4	Non-Renewable for Stated Reasons Only	-	-	-	-
15.5	Other Accident Only	-	-	-	-
15.6	Medicare Title XVIII exempt form state taxes or fees	-	-	-	-
15.7	All Other A&H	-	-	-	-
15.8	Federal Employees Health Benefits-Plan Premium	-	-	-	-
16.0	Workers' Compensation	-	-	-	-
17.1	Other Liability—Occurrence	-	-	-	-
17.2	Other Liability—Claims Made	-	-	-	-
17.3	Excess Workers' Compensation	-	-	-	-
18.0	Products Liability	-	-	-	-
19.1	Private Passenger Auto No-Fault (PIP)	-	-	-	-
19.2	Other Private Passenger Auto Liability	-	-	-	-
19.3	Commercial Auto No-Fault (PIP)	-	-	-	-
19.4	Other Commercial Auto Liability	-	-	-	-
21.1	Private Passenger Auto Physical Damage	-	-	-	-
21.2	Commercial Auto Physical Damage	-	-	-	-
22.0	Aircraft (All Perils)	-	-	-	-
23.0	Fidelity	-	-	-	-
24.0	Surety	-	-	-	-
26.0	Burglary and Theft	-	-	-	-
27.0	Boiler and Machinery	-	-	-	-
28.0	Credit	-	-	-	-
30.0	Warranty	-	-	-	-
34.0	Prepaid Legal	-	-	-	-
34.0	Bail Bonds	-	-	-	-
34.0	Glass	-	-	-	-
34.0	Title	-	-	-	-
34.0	Livestock	-	-	-	-
34.0	Industrial Extended Coverage	-	-	-	-
34.0	Mobile Home Multiple Peril	-	-	-	-
34.0	Mobile Home Physical Damage	-	-	-	-
34.0	Reinsurance	-	-	-	-
34.0	Other	-	-	-	-
34.0	Other	-	-	-	-
34.0	Other	-	-	-	-
	Total	-	-	-	-
	Verification from P & L				-

* Include loss adjustment expenses.

Year 2 and Year 3 were eliminated to conserve space

Applicant Company Name: Applicant Company Name
(Property & Casualty Insurance Company)
Authorized Incurred Loss Summary By Line of Business
Amounts in Whole Dollars

Authorized Incurred Loss by LOB (Aggregate)
Year 1 0

Annual Statement Line	Description	Direct Losses Incurred *	Assumed Losses Incurred *	Ceded Losses Incurred *	Net Losses Incurred *
1.0	Fire				-
2.0	Allied Lines				-
2.2	Multiple Peril Crop				-
2.3	Federal Flood				-
2.4	Private Crop				-
2.5	Private Flood				-
3.0	Farmowners Multiple Peril				-
4.0	Homeowners Multiple Peril				-
5.1	Commercial Multiple Peril (Non-Liability Portion)				-
5.2	Commercial Multiple Peril (Liability Portion)				-
6.0	Mortgage Guaranty				-
8.0	Ocean Marine				-
9.0	Inland Marine				-
10.0	Financial Guaranty				-
11.0	Medical Professional Liability				-
12.0	Earthquake				-
13.0	Group Accident & Health				-
14.0	Credit A&H (Group & Individual)				-
15.1	Collectively Renewable A&H				-
15.2	Non-Cancellable A&H				-
15.3	Guaranteed Renewable A&H				-
15.4	Non-Renewable for Stated Reasons Only				-
15.5	Other Accident Only				-
15.6	Medicare Title XVIII exempt form state taxes or fees				-
15.7	All Other A&H				-
15.8	Federal Employees Health Benefits-Plan Premium				-
16.0	Workers' Compensation				-
17.1	Other Liability—Occurrence				-
17.2	Other Liability—Claims Made				-
17.3	Excess Workers' Compensation				-
18.0	Products Liability				-
19.1	Private Passenger Auto No-Fault (PIP)				-
19.2	Other Private Passenger Auto Liability				-
19.3	Commercial Auto No-Fault (PIP)				-
19.4	Other Commercial Auto Liability				-
21.1	Private Passenger Auto Physical Damage				-
21.2	Commercial Auto Physical Damage				-
22.0	Aircraft (All Perils)				-
23.0	Fidelity				-
24.0	Surety				-
26.0	Burglary and Theft				-
27.0	Boiler and Machinery				-
28.0	Credit				-
30.0	Warranty				-
34.0	Prepaid Legal				-
34.0	Bail Bonds				-
34.0	Glass				-
34.0	Title				-
34.0	Livestock				-
34.0	Industrial Extended Coverage				-
34.0	Mobile Home Multiple Peril				-
34.0	Mobile Home Physical Damage				-
34.0	Reinsurance				-
34.0	Other				-
34.0	Other				-
34.0	Other				-
	Total	-	-	-	-
	Verification from P & L				-

* Include loss adjustment expenses.

Year 2 and Year 3 were eliminated to conserve space

Applicant Company Name: **Applicant Company Name**
(Property & Casualty Insurance Company)
Net Premium and Loss Developments By Line of Business
Amounts in Whole Dollars

Nationwide

Annual Statement Line	Description	Premiums Earned	0 Losses Incurred*	Loss Ratio	Premiums Earned	1 Losses Incurred*	Loss Ratio	Premiums Earned	2 Losses Incurred*	Loss Ratio
1.0	Fire	-	-	-	-	-	-	-	-	-
2.1	Allied Lines	-	-	-	-	-	-	-	-	-
2.2	Multiple Peril Crop	-	-	-	-	-	-	-	-	-
2.3	Federal Flood	-	-	-	-	-	-	-	-	-
2.4	Private Crop	-	-	-	-	-	-	-	-	-
2.5	Private Flood	-	-	-	-	-	-	-	-	-
3.0	Farmowners Multiple Peril	-	-	-	-	-	-	-	-	-
4.0	Homeowners Multiple Peril	-	-	-	-	-	-	-	-	-
5.1	Commercial Multiple Peril (Non-Liability Portion)	-	-	-	-	-	-	-	-	-
5.2	Commercial Multiple Peril (Liability Portion)	-	-	-	-	-	-	-	-	-
6.0	Mortgage Guaranty	-	-	-	-	-	-	-	-	-
8.0	Ocean Marine	-	-	-	-	-	-	-	-	-
9.0	Inland Marine	-	-	-	-	-	-	-	-	-
10.0	Financial Guaranty	-	-	-	-	-	-	-	-	-
11.0	Medical Professional Liability	-	-	-	-	-	-	-	-	-
12.0	Earthquake	-	-	-	-	-	-	-	-	-
13.0	Group Accident & Health	-	-	-	-	-	-	-	-	-
14.0	Credit A&H (Group & Individual)	-	-	-	-	-	-	-	-	-
15.1	Collectively Renewable A&H	-	-	-	-	-	-	-	-	-
15.2	Non-Cancellable A&H	-	-	-	-	-	-	-	-	-
15.3	Guaranteed Renewable A&H	-	-	-	-	-	-	-	-	-
15.4	Non-Renewable for Stated Reasons Only	-	-	-	-	-	-	-	-	-
15.5	Other Accident Only	-	-	-	-	-	-	-	-	-
15.6	Medicare Title XVIII exempt form state taxes or fees	-	-	-	-	-	-	-	-	-
15.7	All Other A&H	-	-	-	-	-	-	-	-	-
15.8	Federal Employees Health Benefits Plan Premium	-	-	-	-	-	-	-	-	-
16.0	Workers' Compensation	-	-	-	-	-	-	-	-	-
17.1	Other Liability—Occurrence	-	-	-	-	-	-	-	-	-
17.2	Other Liability - Claims Made	-	-	-	-	-	-	-	-	-
17.3	Excess Workers' Compensation	-	-	-	-	-	-	-	-	-
18.0	Products Liability	-	-	-	-	-	-	-	-	-
19.1	Private Passenger Auto No-Fault (PIP)	-	-	-	-	-	-	-	-	-
19.2	Other Private Passenger Auto Liability	-	-	-	-	-	-	-	-	-
19.3	Commercial Auto No-Fault (PIP)	-	-	-	-	-	-	-	-	-
19.4	Other Commercial Auto Liability	-	-	-	-	-	-	-	-	-
21.1	Private Passenger Auto Physical Damage	-	-	-	-	-	-	-	-	-
21.2	Commercial Auto Physical Damage	-	-	-	-	-	-	-	-	-
22.0	Aircraft (All Perils)	-	-	-	-	-	-	-	-	-
23.0	Fidelity	-	-	-	-	-	-	-	-	-
24.0	Surety	-	-	-	-	-	-	-	-	-
26.0	Burglary and Theft	-	-	-	-	-	-	-	-	-
27.0	Boiler and Machinery	-	-	-	-	-	-	-	-	-
28.0	Credit	-	-	-	-	-	-	-	-	-
30.0	Warranty	-	-	-	-	-	-	-	-	-
34.0	Prepaid Legal	-	-	-	-	-	-	-	-	-
34.0	Bail Bonds	-	-	-	-	-	-	-	-	-
34.0	Glass	-	-	-	-	-	-	-	-	-
34.0	Title	-	-	-	-	-	-	-	-	-
34.0	Livestock	-	-	-	-	-	-	-	-	-
34.0	Industrial Extended Coverage	-	-	-	-	-	-	-	-	-
34.0	Mobile Home Multiple Peril	-	-	-	-	-	-	-	-	-
34.0	Mobile Home Physical Damage	-	-	-	-	-	-	-	-	-
34.0	Reinsurance	-	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-	-
34.0	Other	-	-	-	-	-	-	-	-	-
	Total	0	0	0%	0	0	0%	0	0	0%

Verification from P & L - should equal line above.

* Include loss adjustment expenses.

UCAA Proforma Financial Statements
Assumptions

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.

UCAA Proforma Financial Statements

Title Insurance Company

UCAA Uniform Certificate of Authority Application

Instructions

1. Enter the Applicant Company Name below
2. Enter the first 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

Enter the Applicant Company Name:

Applicant Company Name

Year 1:

Year 2: 1

Year 3: 2

☐	AK	Alaska	☐	MT	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
☐	CO	Colorado	☐	NM	New Mexico
☐	CT	Connecticut	☐	NV	Nevada
☐	DC	District Of Columbia	☐	NY	New York
☐	DE	Delaware	☐	OH	Ohio
☐	FL	Florida	☐	OK	Oklahoma
☐	GA	Georgia	☐	OR	Oregon
☐	GU	Guam	☐	PA	Pennsylvania
☐	HI	Hawaii	☐	PR	Puerto Rico
☐	IA	Iowa	☐	RI	Rhode Island
☐	ID	Idaho	☐	SC	South Carolina
☐	IL	Illinois	☐	SD	South Dakota
☐	IN	Indiana	☐	TN	Tennessee
☐	KS	Kansas	☐	TX	Texas
☐	KY	Kentucky	☐	UT	Utah
☐	LA	Louisiana	☐	VA	Virginia
☐	MA	Massachusetts	☐	VI	U.S. Virgin Islands
☐	MD	Maryland	☐	VT	Vermont
☐	ME	Maine	☐	WA	Washington
☐	MI	Michigan	☐	WI	Wisconsin
☐	MN	Minnesota	☐	WV	West Virginia
☐	MO	Missouri	☐	WY	Wyoming
☐	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.

Updated: 2018

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Applicant Company Name:
(Title Insurance Company)
Pro Forma Statutory Balance Sheet
(In Whole Numbers)

Applicant Company Name

	Admitted Assets	**0**	**1**	**2**
1.	Bonds			
2.	Stocks (Preferred and Common)			
3.	Title Plants			
4.	Real Estate/Mortgage Loans on Real Estate			
5.	Cash/Cash Equivalents/Short-Term Investments			
6.	Other Invested Assets			
7.	Aggregate Write-Ins for Invested Assets			
8.	All Other Admitted Assets			
9.	**Total Admitted Assets**	-	-	-
	Liabilities			
10.	Known Claims Reserve			
11.	Statutory Premium Reserve			
12.	Aggregate of Other Reserves Required By Law			
13.	Ceded Reinsurance Payable			
14.	Payable to Parent, Subsidiaries & Affiliates			
15.	All Other Liabilities			
16.	**Total Liabilities (10+11+12+13+14+15)**	-	-	-
	Capital and Surplus			
17.	Capital Stock			
18.	Gross Paid In and Contributed Surplus			
19.	Surplus Notes			
20.	Unassigned Funds (Surplus)			
21.	Aggregate Write-Ins for Other-Than-Special Surplus			
22.	Aggregate Write-Ins for Special Surplus			
23.	Less Treasury Stock (Common and Preferred)			
24.	**Suplus as Regards Policyholders (17+18+19+20+21+22-23)**	-	-	-
25.	**Liabilities and Surplus (16+24)**	-	-	-

(Title Insurance Company)
Pro Forma Statutory Profit & Loss Statement
(In Whole Numbers)

		0	1	2
1.	Title Premiums Earned			
2.	Escrow Charges			
3.	Other Related Income			
4.	Net Losses Incurred			
5.	Net Loss Adjustment Expenses Incurred			
6.	Direct Commissions & Brokerage			
7.	Reinsurance Ceding Commissions			
8.	Net Commissions Incurred (6-7)	-	-	-
9.	Other Contractual Agreements*			
10.	Other Operating Expenses Incurred**			
11.	Underwriting Gain (Loss) (1+2+3-(4+5+8+9+10))	-	-	-
12.	Net Investment Income			
13.	Other Income			
14.	Income Taxes Incurred			
15.	Net Operating Income (Loss) (11+12+13-14)	-	-	-
16.	Prior YE Surplus			
17.	Net Income	-	-	-
18.	Capital Increases			
19.	Other Increases (decreases)			
20.	Dividends to Stockholders			
21.	YE Surplus	-	-	-
	Operating Percentages:			
	Net Premiums Earned	100.00%	100.00%	100.00%
22.	Net Losses Incurred to Title Insurance Net Premiums Earned (4/(1+2+3))	0.00%	0.00%	0.00%
23.	Net Loss Adjustment Expenses Incurred to Title Insurance Net Premium Earned (5/(1+2+3))	0.00%	0.00%	0.00%
24.	Other Underwriting Expense to Title Insurance Net Premium Earned ((8+9+10)/(1))	0.00%	0.00%	0.00%
25.	Net Underwriting Gain Or (Loss) (11/(1+2+3))	0.00%	0.00%	0.00%
	Other Percentages:			
26.	Other Underwriting Expenses to Net Premiums Written (8+9+10)/Total Net Premiums Written))	0.00%	0.00%	0.00%
27.	Net Loss and Loss Adjustment Expenses Incurred to Title Insurance and Related Income ((4+5)/(1+2+3))	0.00%	0.00%	0.00%

*ie... MGA(excluding amounts included above as agents commissions), service contracts, claims payment contracts
** **Itemize in Assumptions**

Applicant Company Name:
(Title Insurance Company)
Pro Forma Statutory Cash Flow Statement
(In Whole Numbers)

Applicant Company Name

		0	1	2
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: **Applicant Company Name**
(Title Insurance Company)
Premiums Written to Surplus Ratios
(Amounts in Whole Dollars)

Nationwide

Year	Direct Premiums Written	Assumed Premiums Written	Gross Premiums Written	Ceded Premiums Written	Net Premiums Written	Gross Written Premiums to Surplus	Net Written Premiums to Surplus
0	-	-	-	-	-	0.00%	0.00%
1	-	-	-	-	-	0.00%	0.00%
2	-	-	-	-	-	0.00%	0.00%

No data entry is required on this page.

Applicant Company Name: **Applicant Company Name**
(Title Insurance Company)
Nationwide Planned Premium Volume By Line of Business
(Amounts in Whole Dollars)

The state pages will be duplicates of the Nationwide and Authorized Premium pages.

The nationwide page will be auto calculated based on the premiums reported on the Authorized and State pages.

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 Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
Title	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-

Nationwide

Year 2 **1**

Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
Title	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-

Nationwide

Year 3 **2**

Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
Title	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-

NEW PAGE

Applicant Company Name: Applicant Company Name
(Title Insurance Company)
Authorized Premium by LOB (Aggregate) - Planned Premium Volume By Line of Business
(Amounts in Whole Dollars)

Authorized
Year 1 0

Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
Title				-				-
Total	-	-	-	-	-	-	-	-

Authorized
Year 2 1

Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
Title				-				-
Total	-	-	-	-	-	-	-	-

Authorized
Year 3 2

Description	Direct Premiums Written	Assumed Premiums Written	Ceded Premiums Written	Net Premiums Written	Direct Premiums Earned	Assumed Premiums Earned	Ceded Premiums Earned	Net Premiums Earned
Title				-				-
Total	-	-	-	-	-	-	-	-

Applicant Company Name: **Applicant Company Name**
(Title Insurance Company)
Incurred Loss Summary By Line of Business
(Amounts in Whole Dollars)

Nationwide
Year 1 **0**

Description	Direct Losses Incurred	Assumed Losses Incurred	Ceded Losses Incurred	Net Losses Incurred
Title				-
Total	-	-	-	-
Verification from P & L				-

Nationwide
Year 2 **1**

Description	Direct Losses Incurred	Assumed Losses Incurred	Ceded Losses Incurred	Net Losses Incurred
Title				-
Total	-	-	-	-
Verification from P & L				-

Nationwide
Year 3 **2**

Description	Direct Losses Incurred	Assumed Losses Incurred	Ceded Losses Incurred	Net Losses Incurred
Title				-
Total	-	-	-	-
Verification from P & L				-

Applicant Company Name: **Applicant Company Name**

(Title Insurance Company)

Nationwide Net Premium and Loss Developments By Line of Business

(Amounts in Whole Dollars)

Description	Premiums Earned	0 Losses Incurred	Loss Ratio	Premiums Earned	1 Losses Incurred	Loss Ratio	Premiums Earned	2 Losses Incurred	Loss Ratio
Title	-	-	0.0%	-	-	0.0%	-	-	0.0%
Total	-	-	0.0%	-	-	0.0%	-	-	0.0%

Verification from P & L - should equal line above.

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.