

## INSTRUCTIONS

### Tab 'Assumptions':

Type in company name in cell D1

Choose company type from the drop down menu (HMO, PLHSO, DMPO, Health Insurance Company) in cell D2

Please show all assumptions/development that are pertinent to the pro-formas. Utilize formulas as much as possible and minimize use of hard coding.

Key assumptions will need to be sensitivity tested.

### Tab 'Balance Sheet':

Input data into the applicable following cells:

year 1: columns C-N

rows 9-19, 23-34, 38-43

year 2: columns P-AA

rows 9-19, 23-34, 38-43

year 3: columns AC-AN

rows 9-19, 23-34, 38-43

### Tab 'P and L':

Input **monthly** data into the applicable following cells:

year 1: columns C-N

rows 8-15, 19-22, 26, 28-32, 35-39, 44-46, 57, 60

cell C42

year 2: columns R-AC

rows 8-15, 19-22, 26, 28-32, 35-39, 44-46, 57, 60

year 3: columns AG-AR

rows 8-15, 19-22, 26, 28-32, 35-39, 44-46, 57, 60

### Tab 'Cash Flow':

Input **monthly** data into the applicable following cells:

C42

year 1: columns C-N

rows 9-11, 14-18, 23, 27-31

year 2: columns R-AC

rows 9-11, 14-18, 23, 27-31

year 3: columns AG-AR

rows 9-11, 14-18, 23, 27-31

### Tab 'LOB Analysis':

Input **annual** data into the applicable following cells:

columns: F-K

year 1: rows 8-13, 17-20, 24, 26-31

year 2: rows 44-49, 53-56, 60, 62-67

year 3: rows 80-85, 89-92, 96, 98-103

### Tab 'MLR':

Input **annual** data into the applicable following cells:

columns: F-M

year 1: rows 8-12, 16-21, 25, 28-32

year 2: rows 43-47, 51-56, 60, 63-67

year 3: rows 78-82, 86-91, 95, 98-102

### Tab 'Stress Test Summary':

Perform Relevant Sensitivity Tests - the ones listed in Column A are suggestions

**Step 1:** Copy the formulas from row 1 in columns C-V based on the company's initial assumptions and "Paste Special -Values" into the "Base" line

**Step 2:** Revise the company's input data in each tab based on the specified sensitivity test

<b>Company Name:</b>	<a href="#">Company ABC</a>
<b>Type: HMO, PLHSO, DMPO</b>	HMO
<b>Select One:</b>	PLHSO
	DMPO
	Health Ins Co

<==== USER INPUTS

**Show all relevant assumptions used to create the pro-formas.**

Beneficial to show formulas and to link to financial statements.

Also, please set up so that relevant assumptions can be sensitivity tested

---

### Assumptions

**Company ABC**  
**Pro-Forma Statutory Profit & Loss Statement (Florida Experience)**

	Year 1 (Monthly)												Total Year 1
	M1Y1	M2Y1	M3Y1	M4Y1	M5Y1	M6Y1	M7Y1	M8Y1	M9Y1	M10Y1	M11Y1	M12Y1	
0. Members	0	0	0	0	0	0	0	0	0	0	0	0	0
1. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0
2a. Net Premium Income (Excluding ACA Risk Adjustment Receivable)	0	0	0	0	0	0	0	0	0	0	0	0	0
2b. Net Premium Income - ACA Risk Adjustment Receivable (+)/Payable (-)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fee for Service	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Change in Unearned Premium Reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Aggregate Write-Ins for Other Health Related Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>7. Total (L2a,b+L3+L4+L5+L6)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Hospital and Medical:</b>													
8. Hospital/Medical Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Other Benefits & Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Prescription Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Aggregate Write-Ins for Other Hospital/Medical	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>12. Subtotal (L8+L9+L10+L11)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Less:</b>													
13. Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Total Hospital and Medical (L12 -L13)	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0
16a. General Admin Expenses (Excluding HIP Fee & User Fee Paid)	0	0	0	0	0	0	0	0	0	0	0	0	0
16b. ACA Risk Adjustment User Fee Paid	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Increase in Reserves for Accident and Health Contacts	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Aggregate Write-Ins for Other Income or Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Underwriting Deductions (L14+L15+L16a,b+L17+L18)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>20. Net Underwriting Gain or Loss (L7 -L19)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
21. Net Investment Income Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Federal Income Taxes	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Health Insurance Provider Fee	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Net Realized Capital Gains (Losses)	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Less Capital Gains Tax	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>26. Net Income or Loss (L20+L21-L22-L23+L24-L25)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
27. Prior Period Surplus	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Net Income	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Capital Increases	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Other Increases (Decreases)	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Dividends to Stockholders	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>32. End of Period Surplus (L27+L28+L29+L30-L31)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Minimum Surplus Requirement: HMO: Max[a,b,c]; PLHSO: Max[a,b]; DMPO:

\$150,000; Health Ins Co: Max[a,d]	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
a. HMO & Health Ins Co: \$1,500,000; PLHSO & DMPO: 150,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
b. 10% of Liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
c. 2% of Annualized Premium	0	0	0	0	0	0	0	0	0	0	0	0	0
d. 4% Total Liabilities + 6% Health Liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Excess (Deficit) Surplus</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>
Risk Based Capital (200% ACL)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Risk Based Capital</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
Annualized Premium	0	0	0	0	0	0	0	0	0	0	0	0	0
2% of Revenues	0	0	0	0	0	0	0	0	0	0	0	0	0

**Company ABC**  
**Pro-Forma Statutory Profit & Loss Statement (Florida Experience)**

	Year 2 (Monthly)												Total Year 2
	M1Y2	M2Y2	M3Y2	M4Y2	M5Y2	M6Y2	M7Y2	M8Y2	M9Y2	M10Y2	M11Y2	M12Y2	
0. Members	0	0	0	0	0	0	0	0	0	0	0	0	0
1. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0
2a. Net Premium Income (Excluding ACA Risk Adjustment Receivable)	0	0	0	0	0	0	0	0	0	0	0	0	0
2b. Net Premium Income - ACA Risk Adjustment Receivable (+)/Payable (-)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fee for Service	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Change in Unearned Premium Reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Aggregate Write-Ins for Other Health Related Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>7. Total (L2a,b+L3+L4+L5+L6)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Hospital and Medical:</b>													
8. Hospital/Medical Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Other Benefits & Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Prescription Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Aggregate Write-Ins for Other Hospital/Medical	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>12. Subtotal (L8+L9+L10+L11)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Less:</b>													
13. Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Total Hospital and Medical (L12 -L13)	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0
16a. General Admin Expenses (Excluding HIP Fee & User Fee Paid)	0	0	0	0	0	0	0	0	0	0	0	0	0
16b. ACA Risk Adjustment User Fee Paid	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Increase in Reserves for Accident and Health Contacts	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Aggregate Write-Ins for Other Income or Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Underwriting Deductions (L14+L15+L16a,b+L17+L18)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>20. Net Underwriting Gain or Loss (L7 -L19)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
21. Net Investment Income Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Federal Income Taxes	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Health Insurance Provider Fee	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Net Realized Capital Gains (Losses)	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Less Capital Gains Tax	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>26. Net Income or Loss (L20+L21-L22-L23+L24-L25)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
27. Prior Period Surplus	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Net Income	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Capital Increases	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Other Increases (Decreases)	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Dividends to Stockholders	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>32. End of Period Surplus (L27+L28+L29+L30-L31)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Minimum Surplus Requirement: HMO: Max[a,b,c]; PLHSO: Max[a,b]; DMPO:

\$150,000; Health Ins Co: Max[a,d]

a. HMO & Health Ins Co: \$1,500,000; PLHSO & DMPO: 150,000

b. 10% of Liabilities

c. 2% of Annualized Premium

d. 4% Total Liabilities + 6% Health Liabilities

**Excess (Deficit) Surplus**

1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>
0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0

Risk Based Capital (200% ACL)

**Risk Based Capital**

Annualized Premium

2% of Revenues

**Company ABC**  
**Pro-Forma Statutory Profit & Loss Statement (Florida Experience)**

	Year 3 (Monthly)												Total Year 3
	M1Y3	M2Y3	M3Y3	M4Y3	M5Y3	M6Y3	M7Y3	M8Y3	M9Y3	M10Y3	M11Y3	M12Y3	
0. Members	0	0	0	0	0	0	0	0	0	0	0	0	0
1. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0
2a. Net Premium Income (Excluding ACA Risk Adjustment Receivable)	0	0	0	0	0	0	0	0	0	0	0	0	0
2b. Net Premium Income - ACA Risk Adjustment Receivable (+)/Payable (-)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Fee for Service	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Change in Unearned Premium Reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Aggregate Write-Ins for Other Health Related Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>7. Total (L2a,b+L3+L4+L5+L6)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Hospital and Medical:</b>													
8. Hospital/Medical Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Other Benefits & Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Prescription Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Aggregate Write-Ins for Other Hospital/Medical	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>12. Subtotal (L8+L9+L10+L11)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Less:</b>													
13. Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Total Hospital and Medical (L12 -L13)	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0
16a. General Admin Expenses (Excluding HIP Fee & User Fee Paid)	0	0	0	0	0	0	0	0	0	0	0	0	0
16b. ACA Risk Adjustment User Fee Paid	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Increase in Reserves for Accident and Health Contacts	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Aggregate Write-Ins for Other Income or Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Underwriting Deductions (L14+L15+L16a,b+L17+L18)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>20. Net Underwriting Gain or Loss (L7 -L19)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
21. Net Investment Income Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Federal Income Taxes	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Health Insurance Provider Fee	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Net Realized Capital Gains (Losses)	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Less Capital Gains Tax	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>26. Net Income or Loss (L20+L21-L22-L23+L24-L25)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
27. Prior Period Surplus	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Net Income	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Capital Increases	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Other Increases (Decreases)	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Dividends to Stockholders	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>32. End of Period Surplus (L27+L28+L29+L30-L31)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Minimum Surplus Requirement: HMO: Max[a,b,c]; PLHSO: Max[a,b]; DMPO: \$150,000; Health Ins Co: Max[a,d]

a. HMO & Health Ins Co: \$1,500,000; PLHSO & DMPO: 150,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
b. 10% of Liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
c. 2% of Annualized Premium	0	0	0	0	0	0	0	0	0	0	0	0	0
d. 4% Total Liabilities + 6% Health Liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Excess (Deficit) Surplus</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>	<b>-1,500,000</b>
Risk Based Capital (200% ACL)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Risk Based Capital</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
Annualized Premium	0	0	0	0	0	0	0	0	0	0	0	0	0
2% of Revenues	0	0	0	0	0	0	0	0	0	0	0	0	0

**Company ABC**  
**Pro-Forma Statutory Cash Flow Statement (Florida Experience)**

	Year 1 (Monthly)												
	M1Y1	M2Y1	M3Y1	M4Y1	M5Y1	M6Y1	M7Y1	M8Y1	M9Y1	M10Y1	M11Y1	M12Y1	Total Year 1
<b>Cash From Operations</b>													
1. Premiums Collected Net of Reinsurance	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Benefits Paid	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Underwriting Expenses Paid	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>4. Total Cash From Underwriting (L1-L2-L3)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
5. Net Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Dividends to Policyholders	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Federal and Foreign Income Taxes (Paid) Recovered	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Health Insurers Provider Fee	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>10. Net Cash From Operations (L4+L5+L6-L7+L8-L9)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Cash From Investments</b>													
<b>11. Net Cash from Investments</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Cash From Financing and Misc Sources</b>													
12. Capital and paid in Surplus	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Surplus Notes	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Borrowed Funds	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Dividends	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Other Cash Provided (Applied)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>17. Net Cash from Financing and Misc Sources (L12+L13+L14-L15+L16)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>18. Net Cash, Cash Equivalentents and Short -Term Investments (L10+L11+L17)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Company ABC**  
**Pro-Forma Statutory Cash Flow Statement (Florida Experience)**

	Year 2 (Monthly)												
	M1Y2	M2Y2	M3Y2	M4Y2	M5Y2	M6Y2	M7Y2	M8Y2	M9Y2	M10Y2	M11Y2	M12Y2	Total Year 2
<b>Cash From Operations</b>													
1. Premiums Collected Net of Reinsurance	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Benefits Paid	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Underwriting Expenses Paid	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>4. Total Cash From Underwriting (L1-L2-L3)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
5. Net Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Dividends to Policyholders	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Federal and Foreign Income Taxes (Paid) Recovered	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Health Insurers Provider Fee	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>10. Net Cash From Operations (L4+L5+L6-L7+L8-L9)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Cash From Investments</b>													
<b>11. Net Cash from Investments</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Cash From Financing and Misc Sources</b>													
12. Capital and paid in Surplus	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Surplus Notes	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Borrowed Funds	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Dividends	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Other Cash Provided (Applied)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>17. Net Cash from Financing and Misc Sources (L12+L13+L14-L15+L16)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>18. Net Cash, Cash Equivalentents and Short -Term Investments (L10+L11+L17)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Company ABC**  
**Pro-Forma Statutory Cash Flow Statement (Florida Experience)**

	Year 3 (Monthly)												
	M1Y3	M2Y3	M3Y3	M4Y3	M5Y3	M6Y3	M7Y3	M8Y3	M9Y3	M10Y3	M11Y3	M12Y3	Total Year 3
<b>Cash From Operations</b>													
1. Premiums Collected Net of Reinsurance	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Benefits Paid	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Underwriting Expenses Paid	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>4. Total Cash From Underwriting (L1-L2-L3)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
5. Net Investment Income	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Other Income	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Dividends to Policyholders	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Federal and Foreign Income Taxes (Paid) Recovered	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Health Insurers Provider Fee	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>10. Net Cash From Operations (L4+L5+L6-L7+L8-L9)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Cash From Investments</b>													
<b>11. Net Cash from Investments</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Cash From Financing and Misc Sources</b>													
12. Capital and paid in Surplus	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Surplus Notes	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Borrowed Funds	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Dividends	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Other Cash Provided (Applied)	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>17. Net Cash from Financing and Misc Sources (L12+L13+L14-L15+L16)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>18. Net Cash, Cash Equivalentents and Short -Term Investments (L10+L11+L17)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Company ABC**  
**Pro-Forma Statutory Balance Sheet (Florida Experience)**

	Year 1 (YTD)											
	M1Y1	M2Y1	M3Y1	M4Y1	M5Y1	M6Y1	M7Y1	M8Y1	M9Y1	M10Y1	M11Y1	M12Y1
<b>Admitted Assets</b>												
1. Bonds	0	0	0	0	0	0	0	0	0	0	0	0
2. Stock	0	0	0	0	0	0	0	0	0	0	0	0
3. Real Estate/Mortgage Investments	0	0	0	0	0	0	0	0	0	0	0	0
4. Cash/Cash Equivalents	0	0	0	0	0	0	0	0	0	0	0	0
5. Health Insurers Provider Fee (from AHCA)	0	0	0	0	0	0	0	0	0	0	0	0
6. Affiliated Receivables	0	0	0	0	0	0	0	0	0	0	0	0
7. Affiliated Investments	0	0	0	0	0	0	0	0	0	0	0	0
8. Aggregate Write-Ins for Invested Assets	0	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate Write-Ins for Other Than Invested Assets - ACA Risk Adjustment Receivable	0	0	0	0	0	0	0	0	0	0	0	0
10. Amounts Recoverable from Reinsurers	0	0	0	0	0	0	0	0	0	0	0	0
11. Other Assets	0	0	0	0	0	0	0	0	0	0	0	0
<b>12. Total Assets(L1+L2+L3+L4+L5+L6+L7+L8+L9+L10+L11)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Liabilities</b>												
13. Net Claims Unpaid (Accident and Health Policies)	0	0	0	0	0	0	0	0	0	0	0	0
14. Unpaid Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0	0	0
15a. Aggregate Health Policy Reserves (Excluding ACA Risk Adjustment Payable and MLR Rebate)	0	0	0	0	0	0	0	0	0	0	0	0
15b. Aggregate Health Policy Reserves - ACA Risk Adjustment Payable	0	0	0	0	0	0	0	0	0	0	0	0
15c. Aggregate Health Policy Reserves - MLR Rebate	0	0	0	0	0	0	0	0	0	0	0	0
16. Aggregate Life Policy Reserves	0	0	0	0	0	0	0	0	0	0	0	0
17. Premiums Received in Advanced	0	0	0	0	0	0	0	0	0	0	0	0
18. General Expenses Due or Accrued	0	0	0	0	0	0	0	0	0	0	0	0
19. Ceded Reinsurance Payable	0	0	0	0	0	0	0	0	0	0	0	0
20. Payable to Parents, Subsidiaries & Affiliates	0	0	0	0	0	0	0	0	0	0	0	0
21. Aggregate Write-Ins for Other Liabilities - Health Insurer Fee (Payable This Year)	0	0	0	0	0	0	0	0	0	0	0	0
22. Other Liabilities	0	0	0	0	0	0	0	0	0	0	0	0
<b>23. Total Liabilities (L13+L14+L15a,b,c+L16+L17+L18+L19+L20+L21+L22)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Capital and Surplus</b>												
24. Aggregate Write-Ins for Special Surplus Funds - Health Insurer Fee (Payable Next Year)	0	0	0	0	0	0	0	0	0	0	0	0
25. Capital Stock	0	0	0	0	0	0	0	0	0	0	0	0
26. Gross Paid In and Contributed Surplus	0	0	0	0	0	0	0	0	0	0	0	0
27. Surplus Notes	0	0	0	0	0	0	0	0	0	0	0	0
28. Unassigned Surplus	0	0	0	0	0	0	0	0	0	0	0	0
29. Other Items(elaborate)	0	0	0	0	0	0	0	0	0	0	0	0
<b>30. Total Capital and Surplus(L23+L24+L25+L26+L27+L28)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Company ABC**  
**Pro-Forma Statutory Balance Sheet (Florida Experience)**

	Year 2 (YTD)											
	M1Y2	M2Y2	M3Y2	M4Y2	M5Y2	M6Y2	M7Y2	M8Y2	M9Y2	M10Y2	M11Y2	M12Y2
<b>Admitted Assets</b>												
1. Bonds	0	0	0	0	0	0	0	0	0	0	0	0
2. Stock	0	0	0	0	0	0	0	0	0	0	0	0
3. Real Estate/Mortgage Investments	0	0	0	0	0	0	0	0	0	0	0	0
4. Cash/Cash Equivalents	0	0	0	0	0	0	0	0	0	0	0	0
5. Health Insurers Provider Fee (from AHCA)	0	0	0	0	0	0	0	0	0	0	0	0
6. Affiliated Receivables	0	0	0	0	0	0	0	0	0	0	0	0
7. Affiliated Investments	0	0	0	0	0	0	0	0	0	0	0	0
8. Aggregate Write-Ins for Invested Assets	0	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate Write-Ins for Other Than Invested Assets - ACA Risk Adjustment Receivable	0	0	0	0	0	0	0	0	0	0	0	0
10. Amounts Recoverable from Reinsurers	0	0	0	0	0	0	0	0	0	0	0	0
11. Other Assets	0	0	0	0	0	0	0	0	0	0	0	0
<b>12. Total Assets(L1+L2+L3+L4+L5+L6+L7+L8+L9+L10+L11)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Liabilities</b>												
13. Net Claims Unpaid (Accident and Health Policies)	0	0	0	0	0	0	0	0	0	0	0	0
14. Unpaid Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0	0	0
15a. Aggregate Health Policy Reserves (Excluding ACA Risk Adjustment Payable and MLR Rebate)	0	0	0	0	0	0	0	0	0	0	0	0
15b. Aggregate Health Policy Reserves - ACA Risk Adjustment Payable	0	0	0	0	0	0	0	0	0	0	0	0
15c. Aggregate Health Policy Reserves - MLR Rebate	0	0	0	0	0	0	0	0	0	0	0	0
16. Aggregate Life Policy Reserves												
17. Premiums Received in Advanced	0	0	0	0	0	0	0	0	0	0	0	0
18. General Expenses Due or Accrued	0	0	0	0	0	0	0	0	0	0	0	0
19. Ceded Reinsurance Payable	0	0	0	0	0	0	0	0	0	0	0	0
20. Payable to Parents, Subsidiaries & Affiliates	0	0	0	0	0	0	0	0	0	0	0	0
21. Aggregate Write-Ins for Other Liabilities - Health Insurer Fee (Payable This Year)	0	0	0	0	0	0	0	0	0	0	0	0
22. Other Liabilities	0	0	0	0	0	0	0	0	0	0	0	0
<b>23. Total Liabilities (L13+L14+L15a,b,c+L16+L17+L18+L19+L20+L21+L22)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Capital and Surplus</b>												
24. Aggregate Write-Ins for Special Surplus Funds - Health Insurer Fee (Payable Next Year)	0	0	0	0	0	0	0	0	0	0	0	0
25. Capital Stock	0	0	0	0	0	0	0	0	0	0	0	0
26. Gross Paid In and Contributed Surplus	0	0	0	0	0	0	0	0	0	0	0	0
27. Surplus Notes	0	0	0	0	0	0	0	0	0	0	0	0
28. Unassigned Surplus	0	0	0	0	0	0	0	0	0	0	0	0
29. Other Items(elaborate)	0	0	0	0	0	0	0	0	0	0	0	0
<b>30. Total Capital and Surplus(L23+L24+L25+L26+L27+L28)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Company ABC**  
**Pro-Forma Statutory Balance Sheet (Florida Experience)**

	Year 3 (YTD)											
	M1Y3	M2Y3	M3Y3	M4Y3	M5Y3	M6Y3	M7Y3	M8Y3	M9Y3	M10Y3	M11Y3	M12Y3
<b>Admitted Assets</b>												
1. Bonds	0	0	0	0	0	0	0	0	0	0	0	0
2. Stock	0	0	0	0	0	0	0	0	0	0	0	0
3. Real Estate/Mortgage Investments	0	0	0	0	0	0	0	0	0	0	0	0
4. Cash/Cash Equivalents	0	0	0	0	0	0	0	0	0	0	0	0
5. Health Insurers Provider Fee (from AHCA)	0	0	0	0	0	0	0	0	0	0	0	0
6. Affiliated Receivables	0	0	0	0	0	0	0	0	0	0	0	0
7. Affiliated Investments	0	0	0	0	0	0	0	0	0	0	0	0
8. Aggregate Write-Ins for Invested Assets	0	0	0	0	0	0	0	0	0	0	0	0
9. Aggregate Write-Ins for Other Than Invested Assets - ACA Risk Adjustment Receivable	0	0	0	0	0	0	0	0	0	0	0	0
10. Amounts Recoverable from Reinsurers	0	0	0	0	0	0	0	0	0	0	0	0
11. Other Assets	0	0	0	0	0	0	0	0	0	0	0	0
<b>12. Total Assets(L1+L2+L3+L4+L5+L6+L7+L8+L9+L10+L11)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Liabilities</b>												
13. Net Claims Unpaid (Accident and Health Policies)	0	0	0	0	0	0	0	0	0	0	0	0
14. Unpaid Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0	0	0
15a. Aggregate Health Policy Reserves (Excluding ACA Risk Adjustment Payable and MLR Rebate)	0	0	0	0	0	0	0	0	0	0	0	0
15b. Aggregate Health Policy Reserves - ACA Risk Adjustment Payable	0	0	0	0	0	0	0	0	0	0	0	0
15c. Aggregate Health Policy Reserves - MLR Rebate	0	0	0	0	0	0	0	0	0	0	0	0
16. Aggregate Life Policy Reserves												
17. Premiums Received in Advanced	0	0	0	0	0	0	0	0	0	0	0	0
18. General Expenses Due or Accrued	0	0	0	0	0	0	0	0	0	0	0	0
19. Ceded Reinsurance Payable	0	0	0	0	0	0	0	0	0	0	0	0
20. Payable to Parents, Subsidiaries & Affiliates	0	0	0	0	0	0	0	0	0	0	0	0
21. Aggregate Write-Ins for Other Liabilities - Health Insurer Fee (Payable This Year)	0	0	0	0	0	0	0	0	0	0	0	0
22. Other Liabilities	0	0	0	0	0	0	0	0	0	0	0	0
<b>23. Total Liabilities (L13+L14+L15a,b,c+L16+L17+L18+L19+L20+L21+L22)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Capital and Surplus</b>												
24. Aggregate Write-Ins for Special Surplus Funds - Health Insurer Fee (Payable Next Year)	0	0	0	0	0	0	0	0	0	0	0	0
25. Capital Stock	0	0	0	0	0	0	0	0	0	0	0	0
26. Gross Paid In and Contributed Surplus	0	0	0	0	0	0	0	0	0	0	0	0
27. Surplus Notes	0	0	0	0	0	0	0	0	0	0	0	0
28. Unassigned Surplus	0	0	0	0	0	0	0	0	0	0	0	0
29. Other Items(elaborate)	0	0	0	0	0	0	0	0	0	0	0	0
<b>30. Total Capital and Surplus(L23+L24+L25+L26+L27+L28)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Company ABC

Analysis of Operations by Line Of Business (Florida Experience)

End of Year 1	Total	Comprehensive	Dental	Vision	Medicare	Medicaid
1a. Net Premium Income (Excluding ACA Risk Adjustment Receivable)	0	0	0	0	0	0
1b. Net Premium Income - ACA Risk Adjustment Receivable (+)/Payable (-)	0	0	0	0	0	0
2. Fee for Service	0	0	0	0	0	0
3. Risk Revenue	0	0	0	0	0	0
4. Change in unearned premium reserves	0	0	0	0	0	0
5. Aggregate write in for other health related revenue	0	0	0	0	0	0
<b>6. Total (L1a,b+L2+L3+L4+L5)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Hospital and Medical:</b>						
7. Hospital/Medical Benefits	0	0	0	0	0	0
8. Other professional Services	0	0	0	0	0	0
9. Prescription Drugs	0	0	0	0	0	0
10. Aggregate write ins for other hospital/medical	0	0	0	0	0	0
<b>11. Subtotal (L7+L8+L9+L10)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Less:</b>						
12. Reinsurance recoveries	0	0	0	0	0	0
13. Total hospital and Medical (L11 -L12)	0	0	0	0	0	0
14. Claims adjustment expenses	0	0	0	0	0	0
15a. General admin expenses (excluding HIP Fee & User Fee paid)	0	0	0	0	0	0
15b. Health Insurance Fee Paid	0	0	0	0	0	0
15c. ACA Risk Adjustment User Fee Paid	0	0	0	0	0	0
16. Increase in reserves for accident and health contacts	0	0	0	0	0	0
17. Aggregate write in for other income or expenses	0	0	0	0	0	0
<b>18. Total underwriting deductions (L13+L14+L15a,b,c+L16+L17)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>19. Net underwriting gain or loss (L6 -L18)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Administrative Ratio (L15a/L6)</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>

Other
0
0
0
0
0
0
<hr/> 0
0
0
0
0
0
0
0
0
<hr/> 0
0
<hr/> 0
<hr/> <b>0</b>
<b>#DIV/0!</b>

**Company ABC**  
**Preliminary MLR (Florida Experience)**

<b>End of Year 1</b>	<b>Total</b>	<b>Individual Comprehensive</b>	<b>Small Group Comprehensive</b>	<b>Large Group Comprehensive</b>	<b>Medicare (MA/Pt D)</b>	<b>Individual Meds</b>	<b>Mini- Small Group Meds</b>	<b>Mini- Large Group Meds</b>	<b>Mini- Large Group Meds</b>	<b>Expatriate Plans</b>
1. Premiums Earned	0	0	0	0	0	0	0	0	0	0
2. Federal Taxes/Federal Assessments	0	0	0	0	0	0	0	0	0	0
3. State Insurance, Premium, and Other Taxes	0	0	0	0	0	0	0	0	0	0
4a. Regulatory Authority License and Fees	0	0	0	0	0	0	0	0	0	0
4b. Health Insurers Provider Fee	0	0	0	0	0	0	0	0	0	0
<b>5. Adjusted Premium Earned (L1-L2-L3-L4a,b)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
6. Incurred Claims Excluding Prescription Drugs	0	0	0	0	0	0	0	0	0	0
7. Prescription Drugs	0	0	0	0	0	0	0	0	0	0
8. Pharmaceutical Rebates	0	0	0	0	0	0	0	0	0	0
9. State Stop Loss, Market Stabilization and Claim/Census Based Assessments	0	0	0	0	0	0	0	0	0	0
10. Net Risk Adjustment (+Payments - Recoverables)	0	0	0	0	0	0	0	0	0	0
11. Incurred Medical Incentive Pools and Bonuses	0	0	0	0	0	0	0	0	0	0
<b>12. Total Incurred Claims (L6+L7-L8-L9+L10+L11)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>13. Deductible Abuse Detection/Recovery Expenses</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
14. Improved Health Outcomes	0	0	0	0	0	0	0	0	0	0
15. Activities to Prevent Hospital Readmissions	0	0	0	0	0	0	0	0	0	0
16. Improve Patient Safety and Reduce Medical Errors	0	0	0	0	0	0	0	0	0	0
17. Wellness and Health Promotion Activities	0	0	0	0	0	0	0	0	0	0
18. QI Health Information Technology Expenses	0	0	0	0	0	0	0	0	0	0
<b>19. Total Expenses Incurred for Improving Health Quality (L14+L15+L16+L17+L18)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>20. Preliminary MLR ((L12+L13+L19)/L5)</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>

**Company ABC**  
**Summary of Results**

Scenario Description	End of Year 1						End of Year 2						End of Year 3					
	Members	Net Cash	Net Income	Surplus	Required Surplus	Excess (Deficit)	Members	Net Cash	Net Income	Surplus	Required Surplus	Excess (Deficit)	Members	Net Cash	Net Income	Surplus	Required Surplus	Excess (Deficit)
Base																		
Increase Admin Expenses x%																		
Decrease Admin Expenses x%																		
Increase New Sales x%																		
Decrease New Sales x%																		
Increase Loss Ratio x%																		
Decrease Loss Ratio x%																		