

## Ohio Department of Insurance

John R. Kasich – Governor  
 Mary Taylor – Lt. Governor/Director



### Dividends - ORC Section 3901.34

**Company Name:** \_\_\_\_\_

**NAIC #:** \_\_\_\_\_

**INITIAL                  DATE**

**Analyst:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Information Data for Calculation of Dividend:**

	<b>Date</b>	<b>Amount</b>
Dividend Request:		\$
Surplus Prior Year End		\$
Surplus Most Current Financial Statement		\$
Unassigned Surplus Most Current Financial Statement		\$
Total Liabilities Most Current Financial Statements		\$
Net Income Prior Year End		\$
Net Income Most Current Financial Statement		\$
NPW Most Current Financial Statement		\$
Annualization Factor		

<b>AM Best Rating:</b>

<b>Company Rating</b>
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<b>Risk Based Capital</b>
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<b>Annualization Factors</b>
12/31/XX = 1
03/31/XX = 4
06/30/XX = 2
09/30/XX = 1.3334

**Dividends Paid in the Prior 12 Months:**

<b>Total dividends paid in the past 12 months</b>	\$
Current Quarter Dividend Request	\$
Total for Current and Prior 12 Month Period	\$

<b>Ratios After Dividends</b>
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**Does Dividend Request Exceed the Current Unassigned Fund of the Company**

\$  
 Yes     No

<b>Total Liabilities/Surplus</b>
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**Dividend or Distribution in Excess of Earned Surplus**

\$

<b>NPW Annualized</b>
\$

**Calculation of Ordinary versus Extraordinary:**

<b>Greater of: Ten Percent of Surplus Prior Year End</b>	\$
<b>Maximum Allowable for Ordinary Dividend Portion:</b>	\$ <sup>*10%</sup>

<b>NPW/Surplus</b>
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**Net Income Prior Year End**

\$

<b>Dividend/Surplus</b>
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**Ordinary Portion:**

\$

**Extraordinary Portion:**

\$

<b>Surplus After Dividend</b>
\$

**Request letter of representation to indicate if any material adverse change has occurred since the last filed statutory financial statement.**

Yes     No

Other Considerations (if applicable): \_\_\_\_\_

**REVIEW OF FINANCIAL TRANSACTION REQUEST**

**Confidential Document  
Pursuant to 3901.48**

NAIC # \_\_\_\_\_

Control Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date Received: \_\_\_\_\_ Analyst Review Date: \_\_\_\_\_ Review by Date: \_\_\_\_\_

Attach company correspondence supporting the transaction Analyst assigned: \_\_\_\_\_

**REVIEW CONSIDERATIONS:**

**1. Describe the transaction to be reviewed.**

**2. Review pro-forma statutory financial statements to determine if the transaction materially weakens the company's current financial condition. Attach analysis leading to conclusion.**

AM Best Rating:	Company Rating	Capital Adequacy Rating	Risk Based Capital