

**Long-Term Care Insurance
Replacement and Lapse Reporting Form**

For the State of _____

For the Reporting Year of _____

Company Name: _____

Due: June 30 annually

Company Address: _____

Company NAIC Number: _____

Contact Person: _____

Phone Number: (____) _____

Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapse of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Name	Number of Policies Sold by This Agent	Number of Policies Replaced by This Agent	Number of Replacements as % of Number Sold by This Agent

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Name	Number of Policies Sold by This Agent	Number of Policies Lapsed by This Agent	Number of Lapses as % of Number Sold by This Agent

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales ____%

Percentage of Replacement Policies Sold to Policies In Force (as of the end of the Preceding Calendar Year) ____%

Percentage of Lapsed Policies Sold to Total Annual Sales ____%

Percentage of Lapsed Policies Sold to Policies In Force (as of the end of the Preceding Calendar Year) ____%