

**Long-term Care Insurance
Replacement and Lapse Reporting Form
Due March 1st annually**

For the State of: _____

Reporting Year: _____

Company Name: _____

Address: _____

Phone Number: _____

NAIC 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 lapses 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 percentages of replacements

Agent's Name	# of Policies Sold by Agent	# of Policies Replaced by Agent	# of Replacements as % of # sold by Agent

Listing of the 10% of agents with the greatest percentages of lapses

Agent's Name	# of Policies Sold by Agent	# of Policies Lapsed by Agent	# of Lapses as % of # sold by Agent

Please attach additional records to this form

Contact Name: _____

Date: _____