



# Appendix E



## Replacement and Lapse Reporting Form

For the State of \_\_\_\_\_

For the Reporting Year of \_\_\_\_\_

Due: June 30 annually

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

Company Address: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

### Instructions

The purpose of this form is to report, on a statewide basis, information regarding limited long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of limited long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of limited 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 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 to Total Annual Sales \_\_\_\_%

Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) \_\_\_\_%