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

<table>
<thead>
<tr>
<th>Agent’s Name</th>
<th>Number of Policies Sold By This Agent</th>
<th>Number of Policies Replaced By This Agent</th>
<th>Number of Replacements As % of Number Sold By This Agent</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Agent’s Name</th>
<th>Number of Policies Sold By This Agent</th>
<th>Number of Policies Lapsed By This Agent</th>
<th>Number of Lapses As % of Number Sold By This Agent</th>
</tr>
</thead>
</table>

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) ____%