



OFFICE OF INSURANCE REGULATION

Market Investigations

Appendix J

Long-Term Care Insurance
Replacement and Lapse Reporting Form

For the State of

For the Reporting Year 20__

Company Name:

Company Address

No., Street, unit #:

City, State, Zip code:

Company NAIC Number:

Contact Person:

Phone Number: () -

Due: June 30 annually

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 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.

Mail to: Florida Office of Insurance Regulation

Market Investigations

200 E. Gaines Street

Tallahassee, FL 32399-4210

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.	%