



State of Nevada  
Long-Term Care Insurance  
**Replacement and Lapse Reporting Form**

Reporting Year: \_\_\_\_\_ Date: \_\_\_\_\_ Due: June 30 annually

Company Name: \_\_\_\_\_ Org ID #: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ NAIC #: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_\_

**Instructions**

The purpose of this form is to report, **on statewide basis**, information regarding long-term care insurance contract 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 contracts sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the 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 Contracts* Sold by This Agent	Number of Contracts* Replaced by This Agent	# Replacements as % of Number Sold by Agent

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

Agent's Name	Number of Contracts* Sold by This Agent	Number of Contracts* Lapsed by This Agent	Lapses as % of Number Sold By This Agent

**Company Totals**

Percentage of Replacement Contracts\* Sold to Annual Sales: \_\_\_\_\_%  
 Percentage of Replacement Contracts\* Sold to Contracts\* in Force (as of the end of the preceding calendar year): \_\_\_\_\_%  
 Percentage of Lapsed Contracts\* to Total Annual Sales: \_\_\_\_\_%  
 Percentage of Lapsed Contracts\* to Contracts\* in Force (as of the end of the preceding calendar year): \_\_\_\_\_%

\* "Contracts" as used in this form is shorthand for Long-Term Care Insurance Contracts.

Reports are required by NAC 687B.004 to be submitted electronically via SERFF at <https://login.serff.com/index.html> (use TOI "Required Industry Reports"). Related inquiries may be made to [productcompliance@doi.nv.gov](mailto:productcompliance@doi.nv.gov), or mailed to:

**Department of Business and Industry**  
**Division of Insurance – ATTN: Life and Health Section**  
**1818 East College Parkway, Suite 103**  
**Carson City, NV 89706**