



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 ladair@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**