

**Long-Term Care Insurance
Replacement and Lapse Reporting Form**

For the State of Hawaii

For the Reporting Year of _____

Company Name: _____

Due: JUNE 30TH ANNUALLY

Company Address: _____

NAIC #: _____

Phone #: _____

Contact Person: _____

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 annual 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.

Listing of the 10% of Agents with the Greatest Percentages of Replacements (use additional sheets if necessary)

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Replaced By This Agent	Number of Replacements As % of Numbers Sold by This Agent

Listing of the 10% of Agents with the Greatest Percentages of Replacements (use additional sheets if necessary)

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Lapsed By This Agent	Number of Lapsed As % of Numbers Sold by This Agent

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales _____ %

Percentage of Replacement Policies to Policies In Force (as of the end of the preceding calendar year) _____ %

Percentage of Lapsed Policies Sold to Total Annual Sales _____ %

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