

STATE OF MICHIGAN

STATEWIDE AGENT SALES REPORTING FORM  
FOR LONG TERM CARE INSURANCE  
DUE ANNUALLY ON OR BEFORE JUNE 30

CALENDAR YEAR \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

NAIC GROUP CODE \_\_\_\_\_ NAIC COMPANY CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PERSON COMPLETING THIS REPORT \_\_\_\_\_

TITLE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

\*\*\*\*\*

Every insurer marketing long-term care insurance in Michigan shall provide the following information as of the end of the preceding calendar year for that calendar year.

Number of Policies Sold \_\_\_\_\_

Number of Policies in Force \_\_\_\_\_

Number of Policies Lapsed \_\_\_\_\_

Number of Replacement Policies \_\_\_\_\_

Please list the 10 percent of agents with the greatest percentage of lapsed policies as of the end of the preceding calendar year for that calendar year. For each agent, please list:

Agent's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Number of Policies Sold \_\_\_\_\_

Number of Policies Lapsed \_\_\_\_\_

Please list the 10 percent of agents with the greatest percentage of replacement policies as of the end of the preceding calendar year for that calendar year. For each agent, please list:

Agent's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Number of Policies Sold \_\_\_\_\_

Number of Replacement Policies \_\_\_\_\_

Completed form should be submitted in writing to:

Michigan Insurance Bureau  
Research & Analysis Division  
P.O. Box 30220  
Lansing, MI 48909-7720