FIS 0983 (8/09) Office of Financial and Insurance Regulatioin

Long-Term Care Insurance Annual Sales Report

Report Year
Year this report is based on: *Must be most recent year end* **20_____**

IF YOUR COMPANY MARKETED ANY LONG-TERM CARE INSURANCE IN MICHIGAN during the report year, complete this report annually on a calendar year basis. Report is due on or before June 30th of the year following the report year.

If your company wrote no long-term care insurance in Michigan during the report year, do not file this report.

Name of company

NAIC Company Number

1. Please provide the following information about long-term care policies in Michigan. Give numbers based on totals at the end of the report year.

Number of policies sold _____ **Number of policies lapsed** _____

Number of policies in force _____ **Number of replacement policies** _____

2. Please prepare and attach a table as shown below. List each of the top 10% of agents with the greatest percentage of LAPSED policies at the end of the report year.

Name of Agent	Agent's Michigan license number (usually same as SSN)	Number of policies sold in report year	Number of REPLACEMENT policies sold in report year

3. Please prepare and attach a table as shown below. List each of the top 10% of agents with the greatest percentage of REPLACEMENT policies at the end of the report year.

Name of Agent	Agent's Michigan license number (usually same as SSN)	Number of policies sold in report year	Number of REPLACEMENT policies sold in report year

Certification

I declare that this information is true to the best of my information, knowledge, and belief.

Signature of company representative	Date signed	Name and title typed or printed

PA 218 of 1956 as amended requires submission of this form by companies writing long-term care insurance in Michigan. Failure to complete and submit this form properly could result in denial of your application or revocation of your authority as an admitted company in Michigan.

Please send your completed report to:

OFIR
Health Plans Division
PO Box 30220
Lansing MI 48909-7720