Long-Term Care Insurance
Replacement and Lapse Reporting Form

For the State of Missouri
For the Reporting Year of ____________________

Company Name: _______________________________ Due: June 30 annually
Company Address: _______________________________ Company NAIC Number: __________
Contact Person: _______________________________ Phone Number: (____)___________

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 producer on that producer’s amount of long-term care insurance replacement sales as a percent of the producer’s total annual sales and the amount of lapses of long-term care insurance policies sold by the producer as a percent of the producer’s total annual sales. The tables below should be used to report the ten percent (10%) of the insurer’s producers with the greatest percentages of replacements and lapses.

Listing of the 10% of Producers with the Greatest Percentage of Replacements

<table>
<thead>
<tr>
<th>Producer’s Name</th>
<th>Number of Policies Sold By This Producer</th>
<th>Number of Policies Replaced By This Producer</th>
<th>Number of Replacements As % of Number Sold By This Producer</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Listing of the 10% of Producers with the Greatest Percentage of Lapses

<table>
<thead>
<tr>
<th>Producer’s Name</th>
<th>Number of Policies Sold By This Producer</th>
<th>Number of Policies Lapsed By This Producer</th>
<th>Number of Lapses As % of Number Sold By This Producer</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Company Totals

Percentage of Replacement Policies Sold to Total Annual Sales ____%
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) ____%
Percentage of Lapsed Policies to Total Annual Sales ____%
Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) ____%

Form LTC-G
(Rev 11/15/2007)