



Department of Consumer and Business Services

Division of Financial Regulation – 7

P.O. Box 14480, Salem, OR 97309-0405

350 Winter St. NE, Salem, Oregon

Phone: 503-947-7982, Fax: 503-378-4351

Email: dfr.datateam@dcbs.oregon.gov

dfr.oregon.gov

**Long-Term Care Insurance
Replacement and Lapse Report**

OAR 836-052-0636

For the state of _____ For the reporting year of _____ Due: June 30 annually

Company name: _____ NAIC number: _____

Company address: _____

City: _____ State: _____ ZIP: _____

Contact name: _____ Phone number: _____

Instructions: The purpose of this form is to report statewide long-term care policy replacements and lapses for producers and insurers. Every insurer must maintain records for each producer's replacement sales and lapses of policies sold by the producer as a percentage of the producer's annual sales. Use the tables below to report the 10 percent of the innter

Producer's name	Number of policies sold by this producer	Number of policies replaced by this producer	Number of replacements as % of number sold by this producer

Listing of the 10 percent of producers with the greatest percentage of lapses

Producer's name	Number of policies sold by this producer	Number of this producer's polices that lapsed this	Number of lapses as % of number sold by this producer

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 in force (as of the end of the preceding calendar year)..... %



Department of Consumer
and Business Services

440-2735 (5/11/COM)