

Long-Term Care Policies Sold Reporting Form

FOR THE STATE OF TEXAS

Due: No later than June 30 annually for the preceding calendar year

Company Information:

Company NAIC Number: _____ For the Reporting Year of: _____
 Company Name: _____
 Company Address: _____
 City: _____ State: _____ ZIP: _____

Contact Information:

Contact Name: _____
 Contact Title: _____
 Contact Email: _____
 Contact Phone Number: _____ EXT: _____

Instructions: Please include certificates and riders in the information reported below.

Long-Term Care Partnership Policy Type	Number Sold	Average Age*
Comprehensive (institutional and community care)		
Nursing Home (institutional only)		

Long-Term Care Non-Partnership Policy Type	Number Sold	Average Age*
Comprehensive (institutional and community care)		
Nursing Home (institutional only)		
Home Health Care (community-based services)		
Riders (attached to life policies, annuity contracts)		

* If the Number Sold = 0 for a Policy Type, please enter 0 for the Average Age.