

Figure: 28 TAC §3.3837(e)

**LONG-TERM CARE POLICIES SOLD REPORTING FORM
FOR THE REPORTING YEAR _____**

FOR THE STATE OF TEXAS

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

Company Name: _____

NAIC ID Number: _____

TDI ID Number: _____

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)		

Signature: _____

Name: _____

Title: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ EXT _____

E-mail Address: _____

Form Number LHL565(LTC)