

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.**

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

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

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ EXT \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Form Number LHL565(LTC)**