**Section 2012.95 Reporting Requirements**

All insurers shall:

a) Maintain records for each insurance producer of that producer's amount of 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 insurance producer as a percent of the producer's total sales.

b) Report annually by June 30 the 10% of its insurance producers with the greatest percentages of lapses and replacements as measured by subsection (a) as provided in Exhibit K.

c) Report annually by June 30 the number of lapsed policies as a percent of its total annual sales and as a percent of its total number of policies in force as of the end of the preceding calendar year as provided in Exhibit K.

d) Report annually by June 30 the number of replacement policies sold as a percent of its total annual sales and as a percent of its total number of policies in force as of the preceding calendar year as provided in Exhibit K.

e) Report annually by June 30, for qualified long-term care insurance contracts, the number of claims denied for each class of business, expressed as a percentage of claims denied, as provided by Exhibit I.

f) For purposes of this Section:

1) "Policy" means only long-term care insurance;

2) Subject to subsection (f)(3), "claim" means a request for payment of benefits under an in force policy regardless of whether the benefit claimed is covered under the policy or any terms or conditions of the policy have been met;

3) "Denied" means the insurer refuses to pay a claim for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition; and

4) "Report" means on a Statewide basis.

g) Reports required under this Section shall be filed with the Director.

h) Annual Rate Certification Requirements

1) This subsection (h) applies to any long-term care policy issued in this State on or after July 1, 2018.

2) The submission requirements required by Section 2012.97 shall apply subsequent to initial rate filings for individual long-term care insurance policies made under this Section 2012.95.

3) The actuarial certification required pursuant to Section 2012.97(c) must be based on calendar year data and submitted annually no later than May 1 of each year starting in the second year following the year in which the initial rate schedules are first used.

4) The actuarial memorandum required pursuant to Section 2012.97(d) must be submitted at least once every 3 years with the certification.

(Source: Amended at 42 Ill. Reg. 4867, effective February 27, 2018)