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**SEE REVERSE SIDE FOR INSTRUCTIONS**

- (1) **Total premium written for Montana insureds during the preceding 7/1 - 6/30 period**
- (2) **Insurance Company Name**
- (3) **Number issued by National Association of Insurance Commissioners. Prepare a separate report for each life or disability (health) insurance company/NAIC entity**
- (4) **Year in which report is made**
- (5) **Include all Montana licensees, resident and non-resident, who sell long-term care products in Montana**
- (6, 7, 8, 9) **Address where the licensee can be directly contacted**
- (10) **Montana individual insurance license number**
- (11) **Date (MM/DD/YYYY) 8-hour initial long-term care training course completed**
- (12) **Completed within 24-month period following completion of initial long-term care training or subsequent 4-hour ongoing training**