

File Name: X2022159

SCHEDULE NAME: LONG-TERM CARE EXPERIENCE REPORTING FORM 3 - SUMMARY - PART 1 (000 Omitted)

PAGE NUMBER: 303.3

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	LINE_NO	ALPHA	10
3	FOR_2015	NUMERIC	14
4	FOR_2016	NUMERIC	14
5	FOR_2017	NUMERIC	14
6	FOR_2018	NUMERIC	14
7	FOR_2019	NUMERIC	14
8	FOR_2020	NUMERIC	14
9	FOR_2021	NUMERIC	14
10	FOR_2022	NUMERIC	14

The following column/row intersections either do not exist or do not have values on the Annual Statement.

COLUMN	LINE NUMBER
FOR_2015	C03 C04 C05 C06 C07 C08 C09
FOR_2016	C04 C05 C06 C07 C08 C09
FOR_2017	C05 C06 C07 C08 C09
FOR_2018	C06 C07 C08 C09
FOR_2019	C07 C08 C09
FOR_2020	C08 C09
FOR_2021	C09

VALID LINE NUMBERS

LINE NUMBER	LINE DESCRIPTION
C01	Prior
C02	2015
C03	2016
C04	2017
C05	2018
C06	2019
C07	2020
C08	2021
C09	2022