

File Name: P2022354

SCHEDULE NAME: LONG-TERM CARE EXPERIENCE REPORTING FORM 3 - SUMMARY - PART 2 (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 |