

File Name: P2022349

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

PAGE NUMBER: 303.2

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	B03 B04 B05 B06 B07 B08 B09
FOR_2016	B04 B05 B06 B07 B08 B09
FOR_2017	B05 B06 B07 B08 B09
FOR_2018	B06 B07 B08 B09
FOR_2019	B07 B08 B09
FOR_2020	B08 B09
FOR_2021	B09

VALID LINE NUMBERS

LINE NUMBER	LINE DESCRIPTION
B01	Prior
B02	2015
B03	2016
B04	2017
B05	2018
B06	2019
B07	2020
B08	2021
B09	2022