

File Name: P2022344

SCHEDULE NAME: LONG-TERM CARE EXPERIENCE REPORTING FORM 2 DIRECT INDIVIDUAL EXPER STAND ALONE
ONLY (\$000 Omitted) - FOOTNOTES

PAGE NUMBER: 302

| COLUMN NUMBER | COLUMN NAME | FORMAT | LENGTH |
|---------------|----------------|---------|--------|
| 1 | COCODE | NUMERIC | 5 |
| 2 | LINE_NO | ALPHA | 10 |
| 3 | FOOTNOTE_AMT_1 | ALPHA | 1 |

VALID LINE NUMBERS

| LINE NUMBER | LINE DESCRIPTION |
|-------------|--|
| 0000001 | (a) Indicate whether policies are assigned to a Primary Issue Period on a per-policy basis. |
| 0000002 | (a) Indicate whether policies are assigned to a Primary Issue Period on a per-policy form basis: |