

File Name: L2022217

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

PAGE NUMBER: 303.1

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	A03 A04 A05 A06 A07 A08 A09
FOR_2016	A04 A05 A06 A07 A08 A09
FOR_2017	A05 A06 A07 A08 A09
FOR_2018	A06 A07 A08 A09
FOR_2019	A07 A08 A09
FOR_2020	A08 A09
FOR_2021	A09

VALID LINE NUMBERS

LINE NUMBER	LINE DESCRIPTION
A01	Prior
A02	2015
A03	2016
A04	2017
A05	2018
A06	2019
A07	2020
A08	2021
A09	2022