

File Name: L2022228

SCHEDULE NAME: LONG-TERM CARE EXPERIENCE REPORTING FORM 4 DIRECT GROUP EXPERIENCE STAND
ALONE ONLY (\$000 Omitted)

PAGE NUMBER: 304

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	LINE_NO	ALPHA	10
3	CAL_YR_OF_PEAK_ISSUES	NUMERIC	4
4	THIRD_PARTY_FUNDING	NUMERIC	13.3
5	AVERAGE_ATTAINED_AGE	NUMERIC	14
6	ERND_PREM	NUMERIC	14
7	INCRD_CLMS	NUMERIC	14
8	NBR_OF_LIVES_IN_FRC_YR_END	NUMERIC	14
9	NBR_OF_TERMINATIONS	NUMERIC	14
10	NBR_OF_NEW_LIVES_INSURED	NUMERIC	14

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

COLUMN	LINE NUMBER
AVERAGE_ATTAINED_AGE	02 04 06 08
NBR_OF_LIVES_IN_FRC_YR_END	02 04 06 08
NBR_OF_TERMINATIONS	02 04 06 08

VALID LINE NUMBERS

LINE NUMBER	LINE DESCRIPTION
01	Current (comprehensive)
02	Total inception-to-date (comprehensive)
03	Current (institutional only)
04	Total inception-to-date (institutional only)
05	Current (non-institutional only)
06	Total inception-to-date (non-institutional only)
07	Current (grand total)
08	Total inception-to-date (grand total)