

**File Name: P2022338**

SCHEDULE NAME: LIFE HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT PART 1 -  
WRITE INS

PAGE NUMBER: 290.1

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	STABBR	ALPHA	2
3	LINE_NO	ALPHA	10
4	WRITEIN_DESC	ALPHA	300
5	LIF_INS_PREM	NUMERIC	14
6	ALLCTD_ANNUITY_AND_OTH_ALLCTD	NUMERIC	14
7	ACCIDENT_AND_HEALTH_PREM	NUMERIC	14
8	UNALLOCATED_ANNUITY_AND_OTH_UN	NUMERIC	14

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

COLUMN	LINE NUMBER
WRITEIN_DESC	02.699 03.599

**VALID LINE NUMBERS**

LINE NUMBER	LINE DESCRIPTION
02.601	02.601-02.696 as needed
02.699	Total writeins for other considerations Lines 2.601 through 2.696
03.501	03.501-03.596 as needed
03.599	Total writeins for other amounts deducted prior to determining amounts included in lines 1 and 2 Lines 3.501 through 3.596