

**File Name: P2022340**

SCHEDULE NAME: LIFE HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT PART 2 -  
WRITE INS

PAGE NUMBER: 290.2

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	21.99

**VALID LINE NUMBERS**

LINE NUMBER	LINE DESCRIPTION
21.01	21.01-21.96 as needed
21.99	Total aggregate writeins for other deductions (L21.01 through 21.96)