

File Name: L2022207

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

PAGE NUMBER: 290.1

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	STABBR	ALPHA	2
3	LINE_NO	ALPHA	10
4	FOOTNOTE_AMT_1	NUMERIC	14
5	FOOTNOTE_AMT_2	ALPHA	100

VALID LINE NUMBERS

LINE NUMBER	LINE DESCRIPTION
0000001	1a Disability income include both short and long term
0000002	1b Long-term care
0000003	02 Individual name
0000004	02 Title
0000005	02 Department
0000006	02 Street address
0000007	02 City ST zip
0000008	02 Direct phone number
0000009	02 Email address