

**File Name: L2022240**

SCHEDULE NAME: MEDICARE SUPPLEMENT INTERROGATORIES

PAGE NUMBER: 360

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	STABBR	ALPHA	2
3	LINE_NO	ALPHA	10
4	ADDRESS	ALPHA	50
5	CITY	ALPHA	38
6	STATE	ALPHA	2
7	ZIP_CODE	ALPHA	10
8	LAST_NAME	ALPHA	25
9	FIRST_NAME	ALPHA	25
10	MIDDLE_NAME	ALPHA	25
11	SUFFIX	ALPHA	10
12	PHONE	ALPHA	20

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

COLUMN	LINE NUMBER
ADDRESS	02.2 03.2
CITY	02.2 03.2
STATE	02.2 03.2
ZIP_CODE	02.2 03.2
LAST_NAME	02.1 03.1
FIRST_NAME	02.1 03.1
MIDDLE_NAME	02.1 03.1
SUFFIX	02.1 03.1
PHONE	02.1 03.1

**VALID LINE NUMBERS**

LINE NUMBER	LINE DESCRIPTION
02.1	Claims address
02.2	Claims contact person
03.1	Billing address
03.2	Billing contact person